

FORM **7317-110E**  
(6-1-2009)

U.S. DEPARTMENT OF COMMERCE  
Economics and Statistics Administration  
U.S. CENSUS BUREAU  
ACTING AS DATA COLLECTION AGENT FOR THE  
Centers for Disease Control and Prevention  
National Center for Immunization and Respiratory Diseases

**PERMISSION TO CONTACT  
IMMUNIZATION  
PROVIDER**

<b>a. RO Code</b>	<b>b. FR Code</b>	<b>c. Year</b>	<b>d. Quarter</b>	<b>e. Week</b>
<b>f. Date of Interview</b>		Month	Day	Year
				2 0
<b>g. Control number</b>				
<b>h. Case ID</b>				<b>i. Line No. of child</b>

**NOTICE** – The U.S. Office of Management and Budget (OMB) approved this survey and gave it OMB control Number XXXX-XXXX. Displaying this number shows that the Census Bureau is authorized to conduct this survey. Please use this number in any correspondence concerning this survey.

**Permission from Telephone Interview**

**Your permission is important to the work of the U.S. Census Bureau and the Centers for Disease Control and Prevention (CDC) to determine whether children are fully vaccinated.**

**Do we have permission to contact the provider(s) named in this interview, give the provider basic information that identifies the child (named below), and request that information relevant to his/her immunization history be sent to the U.S. Census Bureau?**

**You understand that all information about your child and your child's health care provider is held in strict confidence. No names of children, doctors, or clinics will be used in reporting the study results.**

Mark (X) Box If Parent/Legal Guardian Has Given Oral Permission To Contact Immunization Provider(s)

First name	Last name
Supervisor's PRINTED NAME:	
Supervisor's Signature (in ink):	

**Permission from Personal Interview**

**Your permission is important to the work of the U.S. Census Bureau and the Centers for Disease Control and Prevention (CDC) to determine whether children are fully vaccinated.**

**I give the U.S. Census Bureau permission to contact the provider(s) named in this interview, to give the provider basic information that identifies the child named below, and to request that information relevant to his/her immunization history be sent to the U.S. Census Bureau for study purposes only.**

**I understand that all information about my child and my child's health care provider is held in strict confidence. No names of children, doctors, or clinics will be used in reporting the study results.**

**We appreciate your cooperation.**

PARENT/LEGAL GUARDIAN'S SIGNATURE (in ink)

**PARENT/LEGAL GUARDIAN'S PRINTED NAME:**

Parent/Legal Guardians's First name:

**TODAY'S DATE:**

Parent/Legal Guardians's Last name:

Month	Day	Year
		2 0

The law authorizes the Census Bureau to collect information for this survey (Title 13, United States Code (U.S.C.), Section 182). Section 9 of this law requires us to keep all information about you and your household strictly confidential. The Census Bureau will use this information only for statistical purposes. Everyone who has access to your responses is subject to a prison term, a fine up to \$250,000, or both, if any information is revealed that identifies you or your household.

<b>1. Child's name</b>				<b>PERMISSION FORM ID NUMBER</b>
<b>2. Date of birth</b>	Month	Day	Year	
				<b>3. Sex</b>
				<input type="checkbox"/> Male <input type="checkbox"/> Female