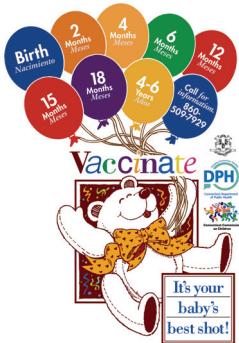


Connecticut Immunization Registry and Tracking System (CIRTS)

Connecticut Department of Public Health Immunization Program

410 Capitol Avenue MS #11 MUN Hartford, CT 06134-0308 Tel: 860-509-7929 Fax: 860-509-8370

The Department of Public Health Congratulates you on the birth of your baby! The state provides the Connecticut Immunization Registry and Tracking System (**CIRTS**) a computerized database that keeps track of your child's shots at no cost to you.



CIRTS can:

- give you a permanent record of your child's shots;
- let your doctor know if your child has missed a shot;
- find your child's shot record if you change doctors or clinics;
- give your doctor the health forms needed for daycare, school, camp, even college.

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

According to regulation s19a-7h-4 of the CT General Statutes

For more information, please ask your nurse for a [brochure](#) or watch the [CIRTS video](#) found in all CT birthing hospitals.

REQUIRED INFORMATION (PLEASE FILL OUT ALL BLANKS)

Baby's Name: _____ Date of Birth: _____ / _____ / _____ Sex: Boy Girl
(first) (middle) (last) month day year (please circle)

Mother's Name: _____ Mother's Date of Birth: _____ / _____ / _____
(first) (maiden) (last) month day year

Address: _____ Town: _____ State: _____ Zip Code: _____

Home Phone #: (____) _____ Cell Phone#: (____) _____ Work Phone #: (____) _____

Name of Emergency Contact: _____ Emergency Phone #: (____) _____ BABY'S Birth Hospital: _____

Name of BABY's Doctor: _____ Name of BABY's Clinic /Practice: _____ Town of Clinic: _____

YES, I want my child enrolled in CIRTS.

→ _____ Date: _____ / _____ / _____
Signature of Parent month day year

NO, I DO NOT want my child enrolled.

Baby's Name: _____
Baby's Date of Birth: _____ / _____ / _____
→ _____ Date: _____ / _____ / _____
Signature of Parent month day year