

641—7.12 (22) Release of immunization information.

7.12(1) *Between a physician, physician assistant, nurse, or certified medical assistant and the elementary, secondary, or postsecondary school or licensed child care center that the student attends.* A physician, a physician assistant, a nurse, or a certified medical assistant shall disclose a student's immunization information, including the student's name, date of birth, and demographic information, the month, day, year and vaccine(s) administered, and clinic source and location, to an elementary, secondary, or postsecondary school or a licensed child care center upon written or verbal request from the elementary, secondary, or postsecondary school or licensed child care center. Written or verbal permission from a student or parent is not required to release this information to an elementary, secondary, or postsecondary school or licensed child care center that the student attends.

7.12(2) *Among physicians, physician assistants, nurses, or certified medical assistants.* Immunization information, including the student's last name, first name, date of birth, and demographic information, the month, day, year and vaccine(s) administered, and clinic source and location, shall be provided by a physician, physician assistant, nurse, or certified medical assistant to another health care provider without written or verbal permission from the student, parent or guardian.

7.12(3) *Among an elementary school, secondary school, postsecondary school, and licensed child care center that the student attends.* An elementary school, secondary school, postsecondary school, and licensed child care center shall disclose a student's immunization information, including the student's last name, first name, date of birth, and demographic information, the month, day, and year of vaccine(s) administered, and clinic source and location, to another elementary school, secondary school, postsecondary school, and licensed child care center that the student attends. Written or verbal permission from a student, or if the student is a minor, the student's parent or guardian, is not required to release this information to an elementary school, secondary school, postsecondary school, and licensed child care center that the student attends.

7.12(4) *Between the department and a physician, physician assistant, nurse, certified medical assistant, elementary school, secondary school, postsecondary school, and licensed child care center.* A physician, physician assistant, nurse, certified medical assistant, elementary school, secondary school, postsecondary school, and licensed child care center shall disclose a student's immunization information in the format specified by the department, including the student's name, date of birth, grade, and demographic information, the month, day, year and vaccine(s) administered, and clinic source and location upon written or verbal request from the department. Written or verbal permission from a student or parent is not required to release this information to the department.