

“i Choose” Immunization Campaign PERSONAL IMMUNIZATION STATEMENT (Adult)

Thank you for choosing to be part of the “i Choose” campaign. Your participation helps others understand the importance of immunizations! To protect your privacy, we’ll only use your first name, city or county of residence in materials. Your address, last name and other contact information will remain confidential.

----PLEASE COMPLETE BOTH SIDES OF THIS FORM---

1. Main Adult Contact Person for the Photo:

First & Last Name (printed) _____

Phone number: _____ Email: _____

City, State & County of Residence: _____, _____, _____

We will only call you if we have questions about your photo or information you provided on this form. We will use your email address to send you the link to your photo when it's added to the whyichoose.org gallery. We do not SPAM.

2. Briefly tell us why you believe that immunizations are important for you and/or your family:

3. If there are other people under the age of 18 appearing in the photo with you, please list the following:

First Name	Age	Male/Female
_____	_____	_____
_____	_____	_____

If your child(ren) wishes to complete their own “Personal Immunization Statement,” please complete the “Under age 18 years” version of the form in addition to this form for each child.

Other Information:

- Each adult in the photo must complete a separate “Personal Immunization Statement” and sign the “i Choose Consent and Release Agreement”. Participants may also be required to sign a local health department, coalition or other organization photo release form.
- If all people in the photo are from the same family, a parent or guardian can provide the names of the children that are pictured on one form.
- If the children and/or adults are in the same photo and are from different families, a parent/guardian from each family must complete the forms separately.



THIS FORM HAS TWO SIDES – Please see reverse to complete the Consent & Release Agreement.