IHS-505
(3/92)

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Public Health Service
Indian Health Service

DISCLOSURE ACCOUNTING RECORD

DATE RECEIVED	RELEASED TO *(Name and Address)*	PURPOSE/USE *(Number(s) Below)*	INFORMATION FURNISHED	DATE RELEASED
	CDC Vaccine Administration Management System	COVID-19 Vaccine Record	COVID-19 Vaccine	12/12/2020

PATIENT IDENTIFICATION

PURPOSE/USE NUMBER(S):

1. Further Medical Care
2. Insurance
3. Attorney
4. Personal Use
5. School Record
6. Tort
7. FOIA
8. Subpoena
9. Other *(specify above)*