



**Request to Opt off the National HPV Vaccination Program Register or to
cease correspondence from the National HPV Vaccination Register**

Name: _____

Address: _____

State: _____ Postcode: _____

Date of Birth: _____

Medicare Number: _____
NHVPR reference
number (if known) _____

Please tick from the following options:

I wish to have my name and all personal identifying details removed from the National HPV Vaccination Program Register. I understand that this will prevent the Register from sending me a reminder when a vaccination dose or booster dose is due.

OR

I do not wish to receive any correspondence from the National HPV Vaccination Program Register. I understand that my name will still be recorded but the Register will not be able to send me a reminder when a vaccination dose or booster dose is due.

Please note that if you have any additional HPV vaccinations you must let the person administering the vaccine know that you do not wish your details to be sent to the Register.

Signed: _____

Print name: _____

Relationship: _____

Date: _____

Please complete and fax to 03 8417 6835 or return this form in a stamped envelope to The HPV Register, PO Box 310 East Melbourne VIC 8002.