

Washington State Immunization Information System

Access Account Application for Healthcare Providers

Directions: Please complete this form and return it, with two copies of your Information Sharing Agreement, to the Washington State Department of Health. This information is used to create your Immunization Information System account. Please identify the primary contact person responsible for Immunization Information System usage in your clinic or organization. Along with the contact information, please include a login and password. If you have questions, please contact the Immunization Information System Help Desk at 1-800-325-5599.

Clinic or Organization Name: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____

Contact Person and Title: _____

Phone: _____ Fax: _____ Email: _____

Please list your current practice management software or EMR program below if considering sending electronic data:

System Administrator (*responsible for creating and maintaining system user access accounts – may also be the contact person above*):

Name and Title/Department: _____

Phone: _____ Fax: _____ Email: _____

Preferred Login: _____
(minimum 4 characters)

Complete this form and return it, with two signed copies of your Information Sharing Agreement, to:

Washington State Department of Health
Office of Immunization and Child Profile
PO Box 47843
Olympia, WA 98504-7843

Phone: 360-236-3595 or 1-866-397-0337