

Washington State Immunization Information System System User Access Account for School Staff (Multiple Users)

Use this worksheet to request user accounts for school staff that will be assigned by the school nurse to access the Washington State Immunization Information System. We will provide a temporary password for users which they will be required to change when they log into the system the first time. Make additional copies of this form if needed or download it from www.waiis.wa.gov Please do not share passwords or user accounts. If you have questions, please contact our Help Desk at 1-800-325-5599 or via email at WAIISHelpDesk@doh.wa.gov. Please fax the form to **360-236-3590**.

System User Access Account – Washington State Immunization Information System

User's Office Phone Number (include area code): _____

First Name: _____ Last Name: _____ School District: _____
(No abbreviations, please)

Email address: _____

System User Access Account – Washington State Immunization Information System

User's Office Phone Number (include area code): _____

First Name: _____ Last Name: _____ School District: _____
(No abbreviations, please)

Email address: _____

System User Access Account – Washington State Immunization Information System

User's Office Phone Number (include area code): _____

First Name: _____ Last Name: _____ School District: _____
(No abbreviations, please)

Email address: _____

School Nurse: _____ Phone Number: _____