

Washington State Immunization Information System

Access Account Application for School Districts

Directions: -Please complete this form and return it, with two signed copies of your Information Sharing Agreement, to the Washington State Department of Health. This information will be used to create the Immunization Information System account for your school district. Please identify the primary contact person in your district office as well as a technical lead. We will create a user name and temporary password for each. Additional school personnel user accounts can be created once they have completed training and signed the confidentiality agreement. If you have questions, please contact the Immunization Information Help Desk at 1-800-325-5599 or 206-205-4141.

School District: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

District Contact Person (*primary contact for coordination and communication*):

Name and Title/Department: _____

Phone: _____ Fax: _____ Email: _____

Technical Lead (*primary contact for connectivity and other technical issues*):

Name and Title/Department: _____

Phone: _____ Fax: _____ Email: _____

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