

Kentucky Immunization Registry (KYIR)

School Site Enrollment Instructions

Page 1 - Instruction Sheet

- KYIR Enrollment form-complete one per school
- KYIR User Confidentiality Agreement-complete one per district
- CHFS 219- complete one per log-in user

****All of the forms listed above must be completed and sent in before user accounts can be created.****

Page 2 - Location Details

Please complete all fields. If you do not understand any part of the form, please feel free to call or email the Kentucky Immunization Registry Help Desk at kyirhelpdesk@ky.gov or (502)564-0038.

Page 3 – User Accounts

“Login Users”

- Signed CHFS 219’s must be received before access will be provided. Any and all staff members that may need access to Kentucky Immunization Registry (KYIR) must each read and complete a CHFS219 form to establish a User Account. User accounts may NOT be shared amongst employees.
 - **Please note: Please retain a copy of the CHFS219 for reference.**
- **It is VERY important that each user provide an email address where they can be reached-** they will be placed in our User Distribution List and will receive notifications regarding KYIR. Please provide work-issued email addresses if possible. Please also make sure your computer network accepts our emails (sent from KYIRHelpdesk@ky.gov).

Adding Additional Users

- Please retain a blank CHFS219 form and the user accounts page of this form for use in adding additional users after being established as a KYIR school site. Please mail or fax completed user forms to the address/fax listed on the forms.

Signature of School Site Contact: Choose an individual to be the official “KYIR Contact” in your office and have them sign and date the bottom of Page 3. They will be the first point of contact in any future KYIR correspondence.

Submitting the application: Please email, mail or fax the completed application to the email/address/fax at the bottom of Page 3. **Please allow 7-10 business days for processing.**

School Site Enrollment Form

Please fill out this form as completely as possible. This information is used to establish a Kentucky Immunization Registry account for your organization. Please be sure your school site immunization contact signs and dates page 3 before submitting. If you have questions regarding this form, please contact the KYIR Help Desk at (502)564-0038 or KYIRHelpdesk@ky.gov.

School Name: _____

School District (if applicable): _____

School Mailing Address: _____

Street

City County State Zip Code

School Immunization Contact Person: _____

Title: _____

Business Phone _____

Fax #: _____

E-mail address: _____

Is your school public or private? Public Private

Usage Type: (check only one)

- Research Immunization Records Only
 Manually Enter Immunizations (requires parental consent per FERPA)

Do you give immunizations? Y N

If yes, what Vaccine Funding Sources Does your Clinic Administer? (Please check all that apply.)

- VFC 317 State Private Other: _____

Is your school site associated with a private clinic? Y N

If yes, do you participate in Vaccines For Children (VFC) Y N If yes, VFC Pin #? _____

HL7 Status (check all that apply)

- Have an EMR in the Clinic EMR is on-board with KHIE Note: _____



School Site User Accounts

Any and all staff members that may need access to KYIR must each read and complete a CHFS 219 to establish a User Account.

Please make copies as needed.

****Signed CHFS 219's must be received before access will be provided. ****

Log In Users

Name	Title	E-mail Address	Associated School(s)*	Do they give immunizations?

**Associated Schools are schools that the individual works at beyond the school that has filled out this enrollment form.*

Signature of School Site Contact

Date Signed

Please complete this form and return to:

Kentucky Immunization Program-KYIR Helpdesk
275 East Main Street, HS2E-B Frankfort, KY 40621

Phone: 502-564-0038

Fax: 502-564-4760

Email: KYIRHelpdesk@ky.gov

KDPH Use Only: _____

Date Received:

Received By:

Date KYIR Account Est:

Completed By:

