



ASIS Enrollment Application

IRMS:

(View Privilege Only)

DIRECTIONS: Please complete and submit this form to ASISHelpDesk@azdhs.gov.

Organization and/or District: _____

Physical Address: _____

City: _____ State: _____ Zip: _____ County _____

Phone #: (____) _____ FAX #: (____) _____

Main Contact: _____

E-mail address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ County _____

Type of Organization:
(Select only one)

- Public School
- Charter School
- Private School
- School District
- Daycare/Childcare
- DES/DCS
- Other (please specify) _____

Please list the full name and email for each staff members who will use the web application.

Name	E-mail Address

All Users shall electronically accept the terms of the Pledge to Protect Confidential Information on their first login.

ASIS is a computer based immunization registry and tracking system implemented by the Arizona Department of Health Services and its partners. It is intended to aid health care professionals and other users who have a need to check a client's immunization status according to A.R.S § 36-135, R9-6-707, and R9-6-708. Through ASIS, providers can place orders for publicly funded vaccines to provide to children eligible to receive VFC vaccines. Client-specific information and vaccine ordering privileges are only available to authorized users and the Arizona Department of Health Services. The Users enters into this agreement with the Arizona Department of Health Services and agree to adhere to all requirements that are listed in the *Pledge to Protect Confidential Information*.

Please contact ASISHelpDesk@azdhs.gov if you have any questions.