

New Jersey Department of Health
Vaccine Preventable Disease Program
P.O. Box 369, Trenton, NJ 08625-0369
609-826-4860
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NEW JERSEY IMMUNIZATION INFORMATION SYSTEM (NJIIS)
REQUEST FOR CHANGE OF USER SECURITY AUTHORIZATION/
REQUEST FOR PASSWORD RESET

Please use this form for security access level for an authorized user at your NJIIS Site. If you have any questions, please call the Central Maternal and Child Health Consortia (MCHC) – NJIIS QA Unit at 732-937-5437.

Fax the completed form to Central MCHC - NJIIS QA Unit at 732-246-3102.

AUTHORIZED USER AND NJIIS SITE INFORMATION

NJIIS User ID: _____

Authorized User Name: _____ Telephone No.: _____

Title: _____ Fax Number: _____

Site Name: _____

Site Address: _____

City, State, Zip Code: _____

County: _____ Email Address: _____

To be completed by Site Administrator:

Please check (✓) the appropriate level of access for above authorized user.

Password Reset

Deactivate above authorized user.

Reactivate above authorized user.

General Reader:

Access to view patient information and to run standard reports.

General User:

General Reader access and access to modify or add information to existing patient records, add new patients, perform inventory and perform outreach functions to patients for whom the designated agent's NJIIS site has primary responsibility.

Site Manager:

General User access and access to modify critical fields and maintain inventory control records.

School/College General Reader:

Access to view student information and to run standard reports.

School/College General User:

General Reader access and access to modify or add information to existing student's immunization records, add new students, and perform outreach functions to students for whom the designated agent's NJIIS site has primary responsibility.

VFC Data Entry:

Access assigned by the VFC Program for vaccine accountability.

Site Administrator Name (Print): _____ Email Address: _____

Site Administrator Signature: _____ Date: _____

FOR NJIIS USE ONLY

User ID: _____ Assigned By: _____

Date Set Up or Access Changed: _____

Date Deactivated: _____ Date Password Reset: _____

Other: _____