

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. 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: _____

