Adult Immunization System Access Form

Background An Adult Immunization System (AIR) Access Form must be signed by each person in order to receive access to the AIR. The signed form will signify that the person has read, understood and will abide by the policies relating to the use of any part of the AIR.
Any violation of the spirit or intent of these policies/procedures/protocols may lead to loss of privileges, disciplinary action up to and including termination and/or legal action.

General User Information: (*Fields Are Mandatory)			
First Name:*		**Phone:***	
Last Name:*		**Date Of Birth:***	
Middle Initial:*		**Fax:**	
Credentials:*		**Facility:***	
Position:*		Email:*	
Date AIR Acess is required:			

Purpose for Access: _____

Acknowledgment

I acknowledge that I have read and understand the policies governing access to the AIR.
I understand that I must never share my AIR password with anyone. If I suspect that my password is known to others, I will change it immediately.
I understand that regular audits of the AIR system shall be conducted to ensure patient/client confidentiality is maintained.
I understand that I am responsible and accountable if my name is associated with a patient when an audit is done.

Employee Signature:		**Date:**	

To be completed by Manager or supervisor			
Authorized by: _____		**Signature:**	
Request Date:		**Phone Number:**	

Once completed please save and email to AIR/CPHO System Administrator: epidem@ihis.org

Save Form