

USIIS Data Request Form



Important notes:

1. Data drawn from the Utah Statewide Immunization Information System (USIIS) comprise a 'snapshot' at the time queried and are derived from information submitted from healthcare facilities that participate in USIIS.
2. If you intend to use information attained from this USIIS data request in a document, please submit the document to the USIIS Program for review—before any presentation or publication, to ensure references to USIIS data accurately represent the data USIIS provided you.

Submit your completed form and documents to USIISTracking@utah.gov.

Requester's Information

Request date:	Requested due date:
Requester's Name:	
Organization:	
Phone number:	E-mail address:
Purpose of request:	

Specify immunization data requested

Up-to-date Vaccine Series:
Specific Vaccine Series or CVX vaccine codes, if applicable. List of CVX codes: http://www2a.cdc.gov/vaccines/iis/iisstandards/vaccines.asp?rpt=cvx
Other immunization information:
Immunization given date range <mm/dd/yyyy> from _____ through _____

Patient age specification - *required*

Patient age range <age in months or years> from _____ through _____
as of date: <mm/dd/yyyy> _____

Patient location specification (*select one*) - *required*

Your clinic(s), by USIIS Provider facility ID:
Persons with addresses in specific city(ies):
Persons with addresses in specific Health District:
Persons with addresses in specific Zip code(s):