

Illinois Department of Public Health



Illinois Comprehensive Automated Immunization Registry Exchange

Fill out this form, Save it as PDF and e-mail it to Igor.Slobodyanyuk@illinois.gov

| | |
|------------------------------------|--|
| Eligible Provider or Hospital Name | |
| Legal Entity Name (if different) | |
| *Tax Identification Number | |

| | | | |
|---------------------------------|--|--------|--|
| Street Address | | | |
| Suite/Floor | | | |
| City | | County | |
| State | | Zip | |
| Group/Health System Affiliation | | | |

| | |
|-----------------|--|
| EHR Vendor | |
| EHR HL7 Version | |

Technical Contact:

| | |
|----------------|--|
| Last Name | |
| First Name | |
| Title/Position | |
| Phone | |
| Email | |

Site Contact:

| | |
|----------------|--|
| Last Name | |
| First Name | |
| Title/Position | |
| Phone | |
| Email | |

| | | | |
|---|-------|--------------------------|--------------------------|
| Are you giving Immunizations? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your EHR create HL7 immunization messages? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you currently using the I-CARE Web Application? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a Vaccines for Children (VFC) Provider? | _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

* We require an entity's TAX ID for identifying those EPs and Hospitals testing for MU. We do not need the name of each and every provider but the legal entity for whom the providers will be testing.
Only one test is needed per Tax Id. Example: If ABC Health System has one Tax ID but multiple providers in multiple locations, only one test is need for MU.