

7. What is the name of your EHR vendor and the version of your EHR
 - a. Name: _____
 - b. Version: _____
8. How long has this version been in production in your facility? _____
9. When do you plan to upgrade your EHR system? _____
To What version? _____
10. Please provide the contact information for your EHR provider.
 - a. Name: _____
 - b. Email: _____
 - c. Phone: _____
11. Who provides support for EHR software application? ___ Local support or ___ help desk. If there is a primary contact, please provide contact information.
 - a. Name: _____
 - b. Email: _____
 - c. Phone: _____
12. What age patients are given immunizations in this facility? _____
13. Approximately how many immunizations are given at this facility per month? _____
14. What categories of vaccines are provided? ___ VFC, ___ Private, or ___ Both
15. Is your EHR currently 2014 certified? _____
16. Does your facility intend to do bi-directional messaging? Yes / No / Unknown
17. How does your clinic/organization intend to transmit messages to MIIIX?
 - a. Electronic interface - preferred method
 - b. MS-HIN Direct
18. What version of HL7 messaging is your EHR capable of transmitting? (2.3.1, 2.5.1 etc..)

19. Is your facility a birthing hospital? _____
20. Do you have a policy/process for updating a newborns name from Baby Boy / Baby Girl to the name given by the parent(s) or guardian(s)? Yes / No

**** Birthing Facilities Only ****

This policy/process needs to be sent to the State with this form.