



Mississippi Immunization Information eXchange (MIIX) – REMOVE USER FORM

To remove authorized user(s) in the Mississippi Immunization Information eXchange (MIIX)

Please complete the following information for any staff within your agency or practice who is or will be leaving your Clinic/Facility or School. Complete, sign and return this form to the MSDH Immunization Program to the attention of the Registry Coordinator within **three days** of the employees last day of employment.

(Person completing the form)

Clinic/Facility or School Name: _____

Contact Person(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____ Fax: _____

Email Address: _____

(Please list the employee(s) leaving the Clinic/Facility or School for whom access will be revoked).

First Name <i>(print)</i>	Last Name <i>(print)</i>	Position/Title <i>(print)</i>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Signing this form signifies the above user(s) will be removed from the Clinic/Facility or School as a MIIX authorized user(s). Please sign, keep a copy for yourself, and return the original to the Immunization Program.

Signature of Clinic/Facility Manager/ Administrator/Authorized Designee

Date

Signature of MIIX Authorized Representative

Date

Signature of MIIX Registry Coordinator

Date

This completed form may be faxed to (601) 576-7468 or 1 (800) 634-9204