



Immunization Registry Information System (IRIS) School (K-12) Authorized Site Agreement

Send completed form to IRISProgram@hhs.iowa.gov

School Name: _____

Name of School District or Diocese: _____

Address: _____ City: _____

State: _____ Zip: _____ County: _____

Phone: _____ Fax: _____ IRIS Org Code: _____

School User Information

Name: _____
First Name Last Name

Title: _____ Phone: _____ Email: _____

Existing IRIS Username (if applicable): _____

Name of Superintendent/Principal: _____
First Name Last Name

Title: _____ Phone: _____ Email: _____

Planned Use of IRIS

Immunization: View Only
 School Match: Student Management System Name _____

Vision: View Only Web Entry/User Interface (to view and record vision screening results)

To participate in IRIS, this School User agrees to the following:

1. Read and abide by the IRIS Security and Confidentiality Policy, including safeguarding username(s) and password(s) against unauthorized use. Access records only under the user's own username and password.
2. Only access immunization and other health screening information in IRIS for individuals to whom this school provides educational services or as necessary to perform a legally authorized function of this school.

3. Will not impose a charge or fee to the patient for use of IRIS or for any information obtained from IRIS.
4. Enter data timely and accurately, and not knowingly enter invalid/false data, falsify any document or data obtained from IRIS.

Failure to abide by this agreement may result in immediate suspension or termination of access to IRIS and may result in other enforcement or action. By signing below, I agree to the above conditions and will abide in accordance with Iowa law.

Signature of User: _____ Date: _____
A typed signature is acceptable.

Signature Superintendent/Principal: _____ Date: _____
A typed signature is acceptable.

Please allow 3-5 business days for processing. Send completed requests to the following:

Email Address:

IRISProgram@hhs.iowa.gov

Mailing Address:

IRIS – Immunization Program
Lucas State Office Building, 5th Floor
321 E 12th Street
Des Moines, IA 50319-0075

Internal Use Only

Date Received: _____ *IRIS Org #:* _____ *Username:* _____ *Initials:* _____