

## INSTRUCTIONS

### NEW MEXICO VFC VACCINE ADMINISTRATION – **REVISED** PART B FORM

The New Mexico Statewide Immunization Information (NMSIIS) is a web based system that allows immunization providers to more efficiently access immunization records. These instructions are designed to assist your practice or clinic staff with the entry of accurate client information into NMSIIS. Providers should continue to enter immunization information directly into NMSIIS. Part B forms will continue to be accepted for those sites that have been approved by the New Mexico Department of Health (NMDOH) Immunization Program for paper submissions. Please keep in mind that NMSIIS is designed to function as a statewide, centralized registry for immunization information; the timely and accurate entry of information is critical to its success.

- Please **PRINT CLEARLY** using the gridlines provided.
- All areas marked with an **asterisk (\*)** must be filled. Incomplete forms will be sent back to the submitting office.
- Please verify with the parent/guardian the **correct spelling of a child’s first name**. NMSIIS will not accept “Baby Girl, Baby Boy, BG, BB, BF, BM” or a blank first name field.
- The **mother’s maiden name** must be included.
- Be sure the client’s **date of birth** is correct; often the vaccine administration date is mistakenly entered as the date of birth.
- Please be sure to select an **insurance status**. If you have questions about insurance information for a client, consult your Office Manager or individual in your office who works with billing.
- Please double check that the **lot number** you are including is the correct number for the vaccination/s administered.
- Please note the “**Date of VIS**” must now be entered. This replaces the signature information previously included on the Part B form. Remember **use of the VIS is mandatory** by federal law.
- Providers are encouraged **NOT** to include labels on any part of the revised Part B form; all entries must be hand written and legible.
- Make sure you include the **Date of Service** and **VFC Pin #** for your practice or clinic.
- In the event NMSIIS is unavailable, please utilize this form to capture immunization information. You can either enter the information at a later time or submit the forms to the NMDOH Immunization Program.
- As a “Best Practice” immunization records should be entered as close to the time of the client encounter as possible; we recommend no later than one week after an encounter. NOTE: After entering records into NMSIIS, **do not** send the Part B form to the NMDOH Immunization Program.
- If your practice has been approved to submit Part B Forms to the NMDOH Immunization Program, **COMPLETED** forms must be mailed in to the Immunization Program on a weekly basis to the address noted below.
- Direct all NMSIIS questions, including those concerning this document to the NMDOH Immunization Program through the Help Desk at [doh-helpdesk-main@state.nm.us](mailto:doh-helpdesk-main@state.nm.us) or telephone 1-800-280-1618.

If approved: Mail **completed** Part B Forms to:  
 NM Immunization Program, P.O. Box 26110, Santa Fe, NM 87502-6110  
**PLEASE DO NOT FAX**