



Edward G. Rendell, Governor
Calvin B. Johnson, M.D., M.P.H., Secretary of Health

Private Providers Interested in Participating in the Statewide Immunization Information System (SIIS)

(Please Print)

Facility Name: _____

Contact Name: _____

Contact Title: _____

Address 1: _____

Address 2: _____

City: _____

State: _____

Zip Code: _____

County: _____

Phone: _____

Fax: _____

Email: _____

1. Does your facility have electronic immunization records (e.g., billing system data, WinCASA data, electronic medical records, etc.)?

Yes No Not Sure

2. Provider Specialty (Select all the apply):

Pediatrics General Practice

Family Practice Other (specify) _____

Form completed by: _____ Date: _____

Please fax completed form to: **Frank Caniglia** 717-772-3258 or mail completed form to: **Frank Caniglia**
PA Department of Health
Bureau of Health Statistics and Research
555 Walnut Street, 6th Floor
Harrisburg, PA 17101