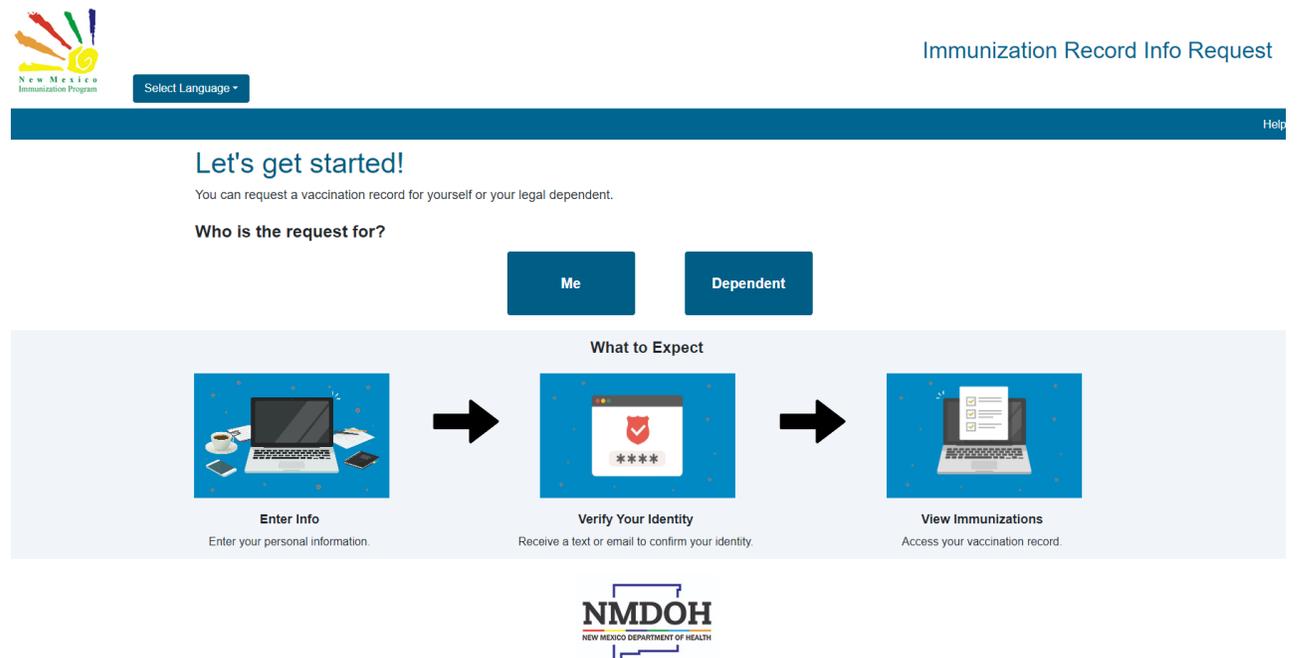


# VaxViewNM

NMSIIS Public Portal

[www.VaxViewNM.org](http://www.VaxViewNM.org)

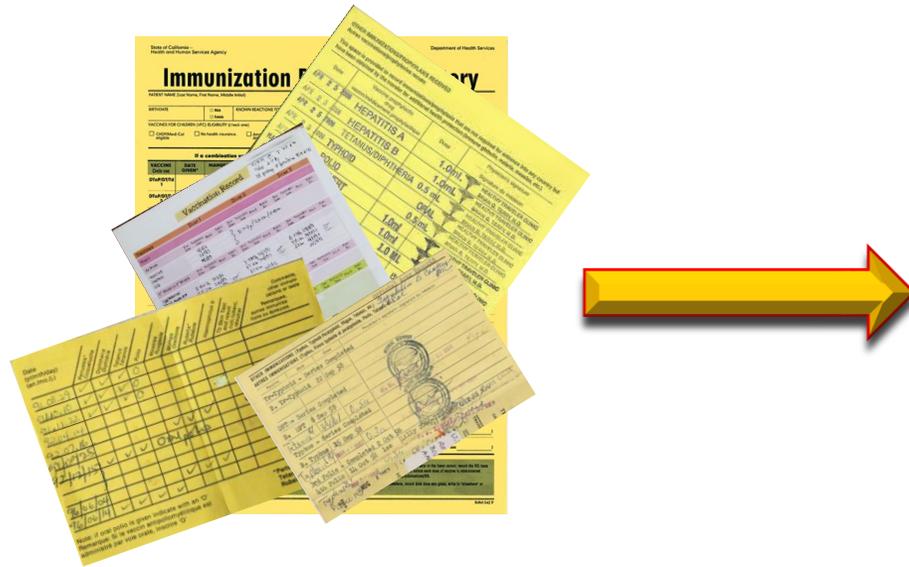
(New Mexico Statewide  
Immunization Information  
System)



The screenshot shows the VaxViewNM public portal interface. At the top left is the New Mexico Immunization Program logo. To its right is a "Select Language" dropdown menu. On the far right is the text "Immunization Record Info Request" and a "Help" link. Below this is a dark blue header bar. The main content area starts with the heading "Let's get started!" followed by the subtext "You can request a vaccination record for yourself or your legal dependent." Below this is the question "Who is the request for?" with two buttons: "Me" and "Dependent". A flowchart titled "What to Expect" shows three steps: 1. "Enter Info" (Enter your personal information) with an icon of a laptop and documents; 2. "Verify Your Identity" (Receive a text or email to confirm your identity) with an icon of a laptop showing a verification screen with asterisks; 3. "View Immunizations" (Access your vaccination record) with an icon of a laptop showing a list of records. At the bottom center is the NMDOH logo.

# VaxViewNM

The New Mexico Statewide Immunization Information System VaxViewNM enables individuals, parents, and guardians to access, save and/or print, official immunization records. Eliminating the need to carry multiple or aged documents.



**New Mexico Immunization Record**  
Official Document  
**Registro de Inmunización**  
Documento Oficial

Name/Nombre: PORTAL PUBLIC  
Date of Birth/Fecha de Nacimiento: 05/01/2017  
Gender/Género: F  
New Mexico WebID (ID#): 1055726  
Date of Next Vaccination/Fecha de Próxima Vacuna: 05/06/2019

Present this record at each medical visit.  
Presente este documento durante sus visitas médicas.

Immunization Provider:  
BRIT TYPE 3 INVENTORY  
123 LANE  
ABILENE, KS 67410

Allergies/Precautions/Contraindications:  
Alergias/Precauciones/Contraindicaciones:

Vaccine Reactions / Reacciones contra Vacunas:

Comments  
Date Note

Vaccines Refused  
Date Note

Vaccine/Vacuna	Date Given / Fecha de Administración	Age at time Edad Cuando fue	Doctor or Clinic Doctor o Clínica
<b>Influenza</b>			
1			
2			
3			

Vaccine/Vacuna	Date Given / Fecha de Administración	Age at time Edad Cuando fue	Doctor or Clinic Doctor o Clínica
<b>DTap / TD / Tdap</b>			
1	07/01/2017	0Y 2M 0D	PROLD
2	09/01/2017	0Y 4M 0D	PROLD
3	11/01/2017	0Y 6M 0D	PROLD
4			
5			
<b>Polio</b>			
1			
2			
3			
4			
<b>HB</b>			
1			
2			
3			
4			
<b>Pneumococcal</b>			
1			
2			
3			
4			
<b>Rotavirus</b>			
1			
2			
3			
<b>Hep A</b>			
1			
2			
<b>Hep B</b>			
1	Hep B, pediatric	05/01/2017	0Y 0M 0D PROLD
2			
3			
<b>MMR</b>			
1			
2			
<b>Varicella (CPOX)</b>			
1			
2			
<b>Meningococcal</b>			
1			
2			
3			
<b>HPV</b>			
1			
2			
3			
<b>Other</b>			
1			

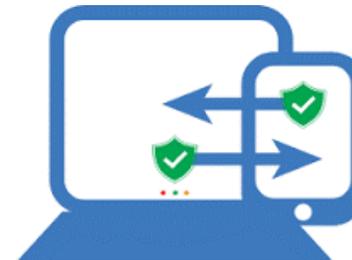
# Security

The security and protection of patient records is our highest priority.

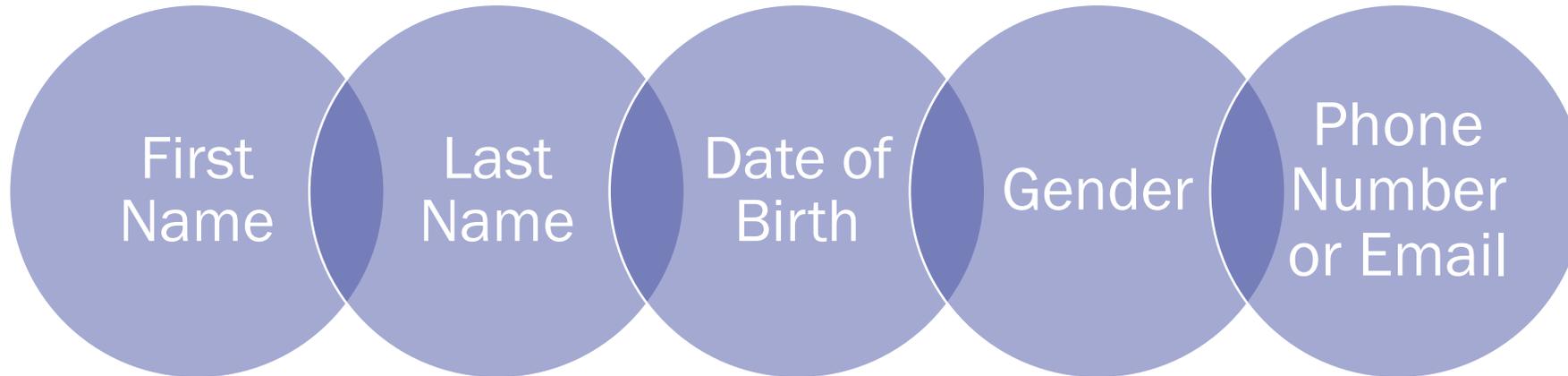
- The web-based application is mobile friendly.
- An exact 1:1 match to data fields is required.
- The two-factor authentication utilizes text messaging or email to validate patient, parent, or guardian access.



**Mobile Friendly**



# Required Information



**IMPORTANT**

Due to the security protocols in place, it is highly recommended that providers verify all patient information is accurate, current and up to date, ensuring there is either a phone number, email or both in the patient record.

# Homepage

- Page may be viewed in English or Spanish
- User must select if they are the patient or if they will be searching for an immunization record for their dependent
- The process is outlined with visuals



Select Language ▾

Immunization Record Info Request

Help

Let's get started!

You can request a vaccination record for yourself or your legal dependent.

Who is the request for?

Me

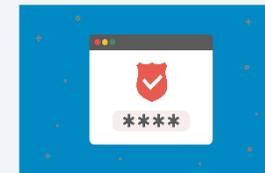
Dependent

What to Expect



Enter Info

Enter your personal information.



Verify Your Identity

Receive a text or email to confirm your identity.



View Immunizations

Access your vaccination record.

# Patient Search

## Patient information must match NMSIIS exactly

- Name entered should be legal name
  - Use spaces rather than hyphens for multiple last names
- Contact information (phone or email) must be listed for that patient in NMSIIS demographics

### Enter Information

Please complete the fields below with your information. Make sure the information is entered exactly how it is documented at your health care provider. An exact match is required to obtain your immunization record.

All fields marked with \* are required.

First Name \*

Last Name \*

Date of Birth (MM/DD/YYYY) \*

Gender \*

### Verify Your Identity

Please enter your email or mobile phone number to verify your identity. Your information must be an exact match to what your health care provider has on file.

Mobile Phone  Email

Mobile Phone Number (xxx-xxx-xxxx) Message and Data Rates May Apply \*

# Completed Form

Once all the fields have been completed, the user must select *Get Access Code*.

## Who is the request for?

Me

Dependent

## Enter Information

Please complete the fields below with your information. Make sure the information is entered exactly how it is documented at your health care provider. An exact match is required to obtain your immunization record.

All fields marked with \* are required.

First Name \*

MICKEY

Last Name \*

MOUSE

Date of Birth (MM/DD/YYYY) \*

11/18/1928

Gender \*

Male

## Verify Your Identity

Please enter your email or mobile phone number to verify your identity. Your information must be an exact match to what your health care provider has on file.

Mobile Phone

Email

Mobile Phone Number (xxx-xxx-xxxx) Message and Data Rates May Apply \*

505-555-5555

[Get Access Code](#)

Immunization records printed from this site may not be complete. The records represent only the data reported to and entered in the system.

# Successful Verification

Provided that a record in NMSIIS matches the information entered by the user, the VaxViewNM application will prompt the user to enter the code that they received, either via email or text message.

## Verify Your Identity

A code was just sent to the mobile phone 505-555-5555. Please enter the code to access the immunization record.

*The code can take a few minutes to reach your text message application or email. Please allow time to receive the code before choosing to Resend Code.*

All fields marked with \* are required.

Verification Code \*

VerifyResend Code

Note: If email verification was selected and the verification code is not received, it is recommended that the user check their spam/junk folders.

# Unsuccessful Verification

- Double check the information entered and try again
- Update the NMSIIS Demographic Screen (If you are a provider with access to edit demographics)
- Contact the NMSIIS Help Desk (833) 822-6454
- Email the NMSIIS staff [NMSIIS.Access@doh.nm.gov](mailto:NMSIIS.Access@doh.nm.gov)

We were unable to find a record matching the search criteria supplied. An exact match is required for all of the data provided, so please make sure the data you entered is typed correctly and is a likely match for the data in our system (For example, the phone number or email being used must match what is listed in the record. Also, try using the patient's legal name).

If you feel that you've received this message in error, please contact your healthcare provider's office or go into a Public Health Office to verify your contact information (name, DOB, email and phone number)

You may also contact the NMDOH Immunization Help Desk: 1-833-882-6454 or email [NMSIIS.Access@doh.nm.gov](mailto:NMSIIS.Access@doh.nm.gov)

Note: Email is preferred as our call volumes have increased substantially and wait times are high

**Remember... Three unsuccessful attempts from the same IP address will result in the user being locked out for 30 minutes!**



# QUESTIONS