

NMSIIS

Immunization Records

**Public Portal, Data Corrections,
Missing Vaccines and More!**

Kathryn Cruz
NMSIIS Manager

VaxViewNM

- NMSIIS Public Portal
- www.VaxViewNM.org
- (New Mexico Statewide Immunization Information System)

NMSIIS: Access My Immunization Records

HOME | HELP

Patients and their Legal Guardians can use this screen to view and print an official record of their immunizations. The patient's First Name, Last Name, Date of Birth, and Gender are required before proceeding.

Who is the Patient?

First Name Last Name Date Of Birth (mm/dd/yyyy) Gender

Who are you?

What is your relationship to the Patient?

How would you like to receive a code to access the immunization record?

Text Email

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

Clear Search

NEW MEXICO
DEPARTMENT OF
HEALTH

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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 WebIZ ID#: **1055726**
Date of Next Vaccination/Fecha de Próxima Vacuna: **05/05/2019**
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 Inmunización	Age at time/ Edad Cuando Inj.	Doctor or Clinic/ Doctor o Clínica
Influenza			
1			
2			
3			

Vaccine/Vacuna	Date Given/ Fecha de Inmunización	Age at time/ Edad Cuando Inj.	Doctor or Clinic/ Doctor o Clínica
DTaP / Td / Tdap			
1	DTaP	05/01/2017	EV 2M 00 PROLD
2	DTaP	09/01/2017	EV 4M 00 PROLD
3	DTaP	11/01/2017	EV 6M 00 PROLD
4			
5			
Polio			
1			
2			
3			
4			
Hib			
1			
2			
3			
4			
Pneumococcal			
1			
2			
3			
4			
Rotavirus			
1			
2			
3			
Hep A			
1			
2			
Hep B			
1	Hep B, postnat	05/01/2017	EV 0M 00 PROLD
2			
3			
MMR			
1			
2			
Varicella (CPOX)			
1			
2			
Meningococcal			
1			
2			
HPV			
1			
2			
3			
Other			
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.



Critical Information

There are several elements that are critical to locating and authenticating both the user and the patient.

- Full patient ID: Name first, last, date of birth and gender.
- Individual Patient or relationship to the patient.
- Accurate cell phone number or email address in patient record.



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.

Parents, guardians and patients will not be able to access records, if one or more of these elements are not present or correct.

Locating the Patient Record

- Patient information must match exactly
- Users are required to select their relationship (parent, guardian, or self).
- The application will verify the phone number or email address for the selected contact type (parent, guardian, or self) and that it matches the requested record.
- If text message is selected, users are required to enter their telephone number.

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Completed Form

Once all the data fields have been completed, the patient, parent or guardian must select *Search*.

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Who is the Patient?

First Name	Last Name	Date Of Birth (mm/dd/yyyy)	Gender
<input type="text" value="PORTAL"/>	<input type="text" value="PUBLIC"/>	<input type="text" value="05/01/2017"/>	<input type="text" value="FEMALE"/>

Who are you?

What is your relationship to the Patient?

How would you like to receive a code to access the immunization record?

Text Email

Email

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Successful Verification

Provided that a record in NMSIIS matches the information entered by the patient, parent or guardian, the VaxViewNM web application will prompt the user to click the *Request Code to Access Immunization Record* box.



Successful Verification Code

The patient, parent or guardian must enter their verification code and select *Verify*.



The screenshot shows a web interface for "NMSIIS: Access My Immunization Records". In the top left corner is the "New Mexico Immunization Program" logo, which features a stylized sun with rays in red, orange, yellow, green, and blue. In the top right corner, the text "NMSIIS: Access My Immunization Records" is displayed. Below the header is a dark blue navigation bar with "HOME | HELP" in white text. The main content area contains a message: "A code was just sent to the Email address bersery@envisiontechnology.com. Please enter the code to print the record. The code can take a few minutes to reach your text message application or email. Please allow time to receive the code before selecting resend." Below this message is a text input field labeled "Verification Code". To the right of the input field are two buttons: "Resend Code" and "Verify". The "Verify" button is highlighted in blue. At the bottom of the page is the "NEW MEXICO DEPARTMENT OF HEALTH" logo, with "HEALTH" in large, colorful letters. Below the logo is the text "Version 19.2.20190426 Copyright © 2001-2019 Envision Technology Partners Inc."

Immunization Record

Provided that the patient, parent or guardian enters the correct verification code, the requested patient record will be displayed. It can then be printed, saved, emailed, uploaded, screen shot, etc.

NMSIIS: Access My Immunization Records

HOME | HELP | PRINT

PUBLIC, PORTAL DATE OF BIRTH: 05/01/2017 AGE: 2Y 0M 5D GENDER: F

! = Invalid Dose ⓧ = Dose determined invalid by provider

	Vaccine	Date Given MM/DD/YYYY	Age at Time of Vaccination
DTaP / TD / Tdap			
1	DTaP	07/01/2017	0Y 2M 0D
2	DTaP	09/01/2017	0Y 4M 0D
3	DTaP	11/01/2017	0Y 6M 0D
Hep B			
1	Hep B, ped/adol	05/01/2017	0Y 0M 0D

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QR Code on Digital COVID-19 Vaccine Card

SMART Health Cards are paper or digital versions of your clinical information, such as vaccination history or test results. They allow you to keep a copy of your records on hand and easily share this information with others if you choose.

[NM DOH SMART Health Card \(QR Code\) FAQ](#)

Located on the Immunization website: www.nmhealth.org

Note: the corresponding app, SMART Health Card Verified, is needed to scan and verify the QR codes generated on VaxViewNM.org

COVID-19 Vaccination Record

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.



SIMPSON	BART	M	
Last Name	First Name	Middle Name	Generation
01/01/1999	2890971		
Date of birth	Patient number (medical record or IIS record number)		

Vaccine	Product Name / Manufacturer Lot Number	Date	Administering Clinic
1st Dose COVID-19	COVID-19 mRNA (MOD) 011B21A	08/01/2021	LAS ESTANCIAS CLINIC/SWA (SMALE5873)
2nd Dose COVID-19	COVID-19 mRNA (MOD) 021J11A	09/01/2021	LAS ESTANCIAS CLINIC/SWA (SMALE5873)



Digital COVID-19 Vaccination Record



- This SMART Health Card is a Digital COVID-19 Vaccination Record (<https://smarthealth.cards/>)
- Keep a copy or share this with a trusted organization by letting them scan the 2D barcode (QR code) on your paper or phone screen
- Downloaded/Printed on 1/11/2022 at 11:42:48AM
- You may not misuse, modify, alter, amend or remove any of the content on this card. Misuse of this card in any way is expressly prohibited and may constitute a criminal offense punishable by imprisonment.

Unsuccessful Verification

[HOME](#) | [HELP](#)

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Who is the Patient?

First Name	Last Name	Date Of Birth (mm/dd/yyyy)	Gender
<input type="text" value="MICKEY"/>	<input type="text" value="MOUSE"/>	<input type="text" value="01/01/1990"/>	<input type="text" value="MALE"/>

Who are you?

What is your relationship to the Patient?

How would you like to receive a code to access the immunization record?

Text Email

Mobile Phone (format: xxx-xxx-xxxx) Message and Data Rates May Apply

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

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 HelpDesk: 1-833-882-6454

Unsuccessful Verification

What to do?

- Double check the information entered and try again
- Update the demographic information and contact screen in NMSIIS (if you can)
- Contact the NMSIIS Help Desk (833) 822-6454

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



Common Immunization Record Issues:

- 1. Doses not documented in NMSIIS
(delayed reporting, VA doses)
- Incorrect information or inaccurate dose in NMSIIS
- Duplicate records in NMSIIS



How to request assistance with an immunization record?

There are two ways to contact the NM DOH Immunization Program for help with an immunization record:

- NMSIIS Help Desk (833) 882-6454
- COVID.Vaccines@state.nm.us



QUESTIONS