

# **NMSIIS**

# **Immunization Records**

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

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NMSIIS Manager

# VaxViewNM

- NMSIIS Public Portal
- [www.VaxViewNM.org](http://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

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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 Vacuna	Age at time/ Edad Cuando Inj.	Doctor or Clinic/ Doctor o Clínica
<b>Influenza</b>			
1			
2			
3			

Vaccine/Vacuna	Date Given/ Fecha de Vacuna	Age at time/ Edad Cuando Inj.	Doctor or Clinic/ Doctor o Clínica
<b>DTaP / Td / Tdap</b>			
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			
<b>Polio</b>			
1			
2			
3			
4			
<b>Hib</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, postnat	05/01/2017	EV 0M 00 PROLD
2			
3			
<b>MMR</b>			
1			
2			
<b>Varicella (CPOX)</b>			
1			
2			
<b>Meningococcal</b>			
1			
2			
<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

# 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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Who is the Patient?

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

MM/DD/YYYY

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

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# Completed Form

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

 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
<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". At the top left is the "New Mexico Immunization Program" logo, and at the top right is the page title. Below the title is a navigation bar with "HOME | HELP". 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". At the bottom of the page is the "NEW MEXICO DEPARTMENT OF HEALTH" logo and a footer with version and copyright information.

NMSIIS: Access My Immunization Records

HOME | HELP

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.

Verification Code

Resend Code Verify

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# 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.

The screenshot displays the 'NMSIIS: Access My Immunization Records' portal. At the top left is the 'New Mexico Immunization Program' logo. The top right shows the page title. Below the header, there are navigation links for 'HOME', 'HELP', and 'PRINT'. The user's profile information is shown: 'PUBLIC, PORTAL', 'DATE OF BIRTH: 05/01/2017', 'AGE: 2Y 0M 5D', and 'GENDER: F'. A legend indicates that a red exclamation mark means 'Invalid Dose' and a red circle with a slash means 'Dose determined invalid by provider'. The main content is a table of immunization records.

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

At the bottom of the page, the 'NEW MEXICO DEPARTMENT OF HEALTH' logo is displayed, along with the version number 'Version 19.2.20190426' and copyright information 'Copyright © 2001-2019 Envision Technology Partners Inc.'

# 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](http://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](mailto:COVID.Vaccines@state.nm.us)



# QUESTIONS