

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM
 LOCAL HEALTH DEPARTMENTS USER LOGON REQUEST FORM**

NAME: Last _____ First _____ Middle _____

User ID: _____ **Phone#:** _____ **Email:** _____

Health District Name: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____

(Access will be associated with this address/facility ONLY)

ROLE NAME		DESCRIPTION OF JOB FUNCTION
<input type="checkbox"/>	TRANSIT_PERMIT_APPROVAL	Enables the Local Health Department users, special registrars and Vital Records users to approve out of state transit permits associated with a death certificate.
<input type="checkbox"/>	LHD_CERTIFICATE_PRINT	Enables Local Health Department users to print certified copies of Vital Records
<input type="checkbox"/>	CMD_PERMIT_APPROVAL	Enables Local Health Department users to approve Communicable Disease Permits

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. LOCAL HEALTH DEPARTMENTS are required to report to Division of Vital Records when an employee access should be deactivated due to termination or changes in duties that no longer necessitate access to VVESTS. Notification must be given within two (2) days of the termination or change.

REQUIRED SIGNATURES:

REQUESTER (USER) : _____ Date: _____

SUPERVISOR APPROVAL:

Print Name: Last _____ First _____ Middle _____

Title: _____ Phone #: _____ Email: _____

Signature: _____ Date: _____

VDH APPROVAL (If no Facility User Administrator is present):

Division of Vital Records: _____ Date: _____

VDH Application Help Desk Contact Information:	
Phone Number	804-864-7200 – Option 2
FAX Number	804-864-7155
Email	oim_webappshelp@vdh.virginia.gov

User access deactivated/terminated on _____ (DATE) and reported to DVR on _____ (DATE)