

**VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
 VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
 ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
 HOSPITAL USERS LOGON REQUEST FORM**

NAME: Last _____ First _____ Middle _____

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

Title: _____

Name of Facility: _____

Address: _____ **City** _____ **State** _____ **Zip Code** _____
 (Access will be associated with this address/facility ONLY)

License No. # (If Applicable): _____ **License Expiration Date:** _____

ROLE NAME		DESCRIPTION OF JOB FUNCTION
<input type="checkbox"/>	FETAL_REGISTRATION	Enables a hospital user to register fetal deaths in VVESTS - FETAL DEATHS module.
<input type="checkbox"/>	FETAL_MED_CERT	Enables a licensed medical professional to certify the cause of death information for a fetal death in the VVESTS – Fetal Death registration module.
<input type="checkbox"/>	MEDICAL_CERTIFICATION	This role applies to whoever certifies to the cause of death as defined by statute 32.263.1
<input type="checkbox"/>	DECEDENT_AFFAIRS	Enables the decedent affairs users at the hospitals to perform their functions in the VVESTS - EDRS module, namely - case creation, requesting medical certification and release decedent.
<input type="checkbox"/>	MEDICAL_DATA_ENTRY	Enables physician staff or a hospital user to enter medical information for a decedent in the VVESTS - EDRS MODULE. This role does not enable digital certification of the cause of death.

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. HOSPITALS 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	vim_webappshelp@vdh.virginia.gov

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