

VIRGINIA DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS
VIRGINIA VITAL EVENTS AND SCREENING TRACKING SYSTEM (VVESTS)
ELECTRONIC DEATH REGISTRATION SYSTEM (EDRS)
PHYSICIAN’S DESIGNEE (MEDICAL CERTIFIER) LOGON REQUEST FORM

Physician’s Designee- Section 32.1-263 (C) authorizes a physician to designate individuals to complete and sign the medical certification on a death certificate.

NOTE: All Physicians designating an individual to perform medical certification on their (physician’s) behalf must be enrolled with an active account in the EDRS prior to making this request.

AUTHORIZING PHYSICIAN APPROVAL:

Name: Last _____ First _____ Middle _____

EDRS User ID: _____ Phone#: _____ Email: _____
(Required)

Name of Facility: _____
(Name of the facility this designation is being requested for)

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

License No. #: _____ License Expiration Date: _____

REQUIRED SIGNATURE:

Physician’s Signature: _____ Date: _____

DESIGNEE DETAILS:

Name: Last _____ First _____ Middle _____

User ID: _____ Phone#: _____ Email: _____
(User ID to be entered by the admin creating this account)

Name of Facility: _____
(Name of the facility this designation is being requested for)

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

The user agrees to keep the access information (i.e. logon-id and password) to the VVESTS - EDRS confidential. MEDICAL FACILITIES 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 SIGNATURE:

Designee’s Signature: _____ Date: _____

VDH APPROVAL:

Division of Vital Records: _____ Date: _____

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

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