

Department of Health

Albany, NY

(518) 474-1944 | osas@health.ny.gov

health.ny.gov/prevention/immunization/schools

New York State Public Health Law § 2164 and 2165 mandate that the immunization status of all students attending school or day care in the state must be reported annually. School staff must obtain Health Commerce System (HCS) accounts to access and complete the online school immunization survey. **Schools must have someone with Director-level access to assign all other levels of HCS access to staff within their organization. In the case of public K-12 institutions, the Director role must be filled by the district superintendent.**

How to Obtain an HCS Director Account:

If you do not have a HCS (Health Commerce System) Account, go to:

<https://commerce.health.state.ny.us> to set up a new account.

If you already have a HCS User Account, skip to the section below the perforated line.

ONCE YOU HAVE CLICKED THE HYPERLINK ABOVE, FOLLOW STEPS A-I:

A- Click **Sign Up Here**

B- **Most directors will click No** (I do not hold a Healthcare Professional License issued by the NYS Department of Education). However, if you do have a Healthcare Professional License issued by the NYS Department of Education then **click Yes**. Follow the prompts after clicking No or Yes to complete this section.

C- Create/Enter a unique User ID

D- Enter your First Name, Last Name, and Email Address

- **NOTE:** Name must exactly match the name on your photo ID

E- Click the **User Security and Use Policy** link and review.

F- Check the box to confirm you read and understand the Security and Use Policy

G- Click **Continue**

H- Answer six (6) Security Questions and click **Save**.

I- You will receive two emails from camu@health.ny.gov: **HCS Self Registration Account Created for user ID and HCS security questions and answers have been changed for user ID**. Check junk mail if not received.

Provide the following information in the form below and e-mail it to osas@health.ny.gov.

HCS Director Information

(In the case of a public K-12, this MUST be the superintendent)

FULL FIRST NAME: _____

FULL MIDDLE NAME: _____

FULL LAST NAME: _____

HCS USER ID: _____

Date of Birth: _____

Job Title: _____

Office Telephone Number: _____

E-mail address user wants associated with their personal HCS (Health Commerce System) Account ***(this email will stay associated with you if you change schools)***: _____

SCAN FRONT AND BACK OF DRIVERS LICENSE OR STATE ID

Continue onto next page.

School Information

Please complete all information below for all schools that must respond to the survey and require you to be listed as the director within the Health Commerce System (HCS).

Facility ID # (If known): _____

School Legal Name: _____

School Physical Address: Line 1: _____

Line 2: _____

Schools City: _____

School ZIP Code: _____

County: _____

School Type (select one) ☐ Post-Secondary

☐ Day Care

☐ K-12 Public

☐ Head Start

☐ K-12 Private

☐ Nursery

☐ K-12 Charter

☐ Group Family Daycare

Facility ID # (If known): _____

School Legal Name: _____

School Physical Address: Line 1: _____

Line 2: _____

Schools City: _____

School ZIP Code: _____

County: _____

School Type (select one) ☐ Post-Secondary

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☐ Nursery

☐ K-12 Charter

☐ Group Family Daycare

IF ADDITIONAL SCHOOLS EXIST BEYOND THIS, PLEASE ATTACH AN ADDITIONAL FORM OR COPY AND PASTE ADDITIONAL SECTIONS WITHIN THIS FORM.