



VTrckS Identity Voucher

I, _____ (“user”), have received this voucher from the responsible clinician at my place of business on behalf of the Centers for Disease Control and Prevention (“CDC”) in support of the identity verification process for the Vaccine Tracking System (VTrckS). I have received and completed this voucher in an effort to comply with federal identity proofing guidelines as a requirement for becoming a user of CDC’s Vaccine Tracking System.

I certify that the attached government photo identification was issued to me and obtained by official means and has not in any way be altered to falsify the photo or of the other identifying information.

ID Type _____ Government ID #: _____

Applicant Address 1: _____

Applicant Address 2: _____

Applicant signature: _____

Applicant e-mail address: _____

Date: _____

Responsible clinician (PIN _____):

I certify that the applicant listed above is who they claim to be and their government issued identification matches their physical identity.

Responsible clinician name (printed): _____

Responsible clinician signature: _____

Date: _____

This document must be kept on file with the provider for seven years and six months from the date of user deactivation in VTrckS , regardless of the user’s employment status (i.e., currently employed or no longer employed by the clinic).

Deactivation date in VTrckS: _____
