



MINISTRY OF HEALTH
PHARMACY INFORMATION SYSTEM (PhIS) AND
CLINIC PHARMACY SYSTEM (CPS)



USER ID TERMINATION FORM

A. USER INFORMATION

Name:	
ID No:	
Designation:	
Department:	
Contact No:	
Email Address:	
Reason for termination	

B. HEAD OF DEPARTMENT ENDORSEMENT

Name:	
Designation:	
Date:	

C. ADMINISTRATOR

Updated by:	
Date:	