

Advocate Aurora Health requires all health care professionals to be fully vaccinated with the COVID-19 vaccine. Please complete this form if you have received your COVID-19 vaccine series outside of our Advocate Aurora COVID Team Member Vaccine Clinic or Employee Health.

Required documentation:

Advocate Aurora requires the following documentation to be completed and returned with this form, no later than **10/15/2021** for current team member

The documentation must include documentation of a **completed** vaccine series with an FDA-authorized COVID-19 vaccine or, if vaccinated outside of the United States, a COVID-19 vaccine listed for emergency use by the World Health Organization (WHO). A list of the most current COVID-19 vaccines recognized for emergency use by the WHO can be found:

<https://extranet.who.int/pqweb/vaccines/covid-19-vaccines>

- Completion of this COVID Vaccine Verification Form
- Documentation from the vaccine provider/administrator OR state-based vaccine registry
- Forms submitted without proper supporting documentation will not be processed.

What happens if I received a COVID Vaccine series or partial series outside of the United States?

Advocate Aurora will follow the current CDC recommendations for persons vaccinated outside the United States: [Interim Clinical Considerations for Use of COVID-19 Vaccines | CDC](#).

Who can I contact if I have a question related to my vaccine verification form or supporting documentation?

Any questions related to this form can be sent to: AAH-teammembervaccine@aah.org.

Section 1: Please print legibly. To be completed by team member:

Last Name of Person Who Was Vaccinated:		First Name of Person Who Was Vaccinated:	
ID Number/ Payroll Number:	Date of Birth:	Last Four Digits of Social Security #:	
Phone Number of Person Who Was Vaccinated:		Facility Where You Work:	

Please check one:	
<input type="checkbox"/> Team Member (Employee on Advocate Aurora Payroll Including Employed Physicians)	
<input type="checkbox"/> Non- Employed Credentialed Staff <input type="checkbox"/> Volunteer	<input type="checkbox"/> Contracted Staff <input type="checkbox"/> Other (describe position):

Section 2: Please select from the following list of acceptable COVID Vaccine Documentation that is required to be provided with this form. Forms submitted without proper supporting documentation will not be accepted.

- Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE)
- Wisconsin Immunization Registry (WIR)
- Signed electronic record from another employer's Employee Health Department
- LiveWell COVID-19 Vaccine Status (medical record)
- Electronic chart record from outside medical provider/health system/retail pharmacy
- Photo of the front and back of a COVID-19 Vaccination Record Card* (**only accepted as approved verification documentation through March 31, 2022*)
- Other (Please describe):

Section 3: Submit Documentation following these steps:

Please submit all completed forms and documentation to:

- All team members and employed providers submit verification documentation to [ReadySet](#) following [these steps](#).
- Wisconsin Non-employed Credentialed Staff: Fax to 414-389-5400 or scan and email to AuroraCredentialing@aah.org
- Illinois non-employed Physicians: Fax to (630) 929-9815 or scan and email to ASC-IL-AAHcredentialing@aah.org
- Volunteers: Submit documentation to Volunteer Services
- Contracted Staff: AAH-AgencyVaccineInfo@aah.org

For Employee Health Use Only:	Date of Entry:	EH Initials:
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