

Advocate Aurora Health requires influenza vaccination of all team members working or volunteering for Advocate Aurora Health. Please help to verify that the team member listed below received the influenza vaccine.

**Required documentation:**

Another signed record that includes the information listed below, documentation from the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE), Wisconsin Immunization Registry (WIR), a signed electronic record from another employer's Employee Health Department, or a *MyAdvocateAurora* chart record is also acceptable. **Team member identifiers listed below must be legible on any form submitted as vaccine verification.**

***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-Advocate Aurora-Employed Credentialed Staff <input type="checkbox"/> DCI Staff			
<input type="checkbox"/> Volunteer			
<input type="checkbox"/> Other (describe position):			

***Please print legibly. To be completed by vaccine administrator:***

Place of Business Where Vaccine Was Administered:				
Street Address Where Vaccine Was Administered:		City:	State:	Zip Code:
Date of Vaccination		Injection Site: <input type="checkbox"/> R Deltoid <input type="checkbox"/> L Deltoid <input type="checkbox"/> Nasal		
Type of Vaccine		Product Name / Vaccine Manufacturer		
Vaccine Lot Number		Vaccine Expiration Date		
Name and Title of Person Who Administered the Vaccine				
Signature of Person Who Administered the Vaccine				

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](mailto:AuroraCredentialing@aah.org)*
- *Illinois non-employed Physicians: Fax to (630) 929-9815 or scan and email to [ASC-IL-AAHcredentialing@aah.org](mailto:ASC-IL-AAHcredentialing@aah.org)*
- *Volunteers: Submit documentation to Volunteer Services*
- *Contracted Staff: [AAH-AgencyVaccineInfo@aah.org](mailto:AAH-AgencyVaccineInfo@aah.org)*

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