

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

Last Name of Person Who Was Vaccinated: <i>Last</i>		First Name of Person Who Was Vaccinated: <i>First</i>	
ID Number/ Payroll Number:	Date of Birth: <i>Your Birthday</i>	Last Four Digits of Social Security #: <i>1234</i>	
Phone Number of Person Who Was Vaccinated: <i>Your phone number</i>		Facility Where You Work: <i>Your Location</i>	

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"/> Contracted Staff		
<input type="checkbox"/> Volunteer	<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
- Other (Please describe):

Copies of COVID Vaccine Cards will not be accepted.

Section 3: Submit Documentation.

Please submit all completed forms and documentation to:

- All team members and employed providers: AAH-teammembervaccine@aah.org
- 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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