



NON-EMPLOYEE VACCINE ATTESTATION FORM

Endeavor Health requires all onsite non-employed team members, including vendors, contractors, or suppliers (Company) to comply with vaccination requirements outlined in our Vaccine Requirements for Team Members policy. The authorized Company representative is responsible for ensuring full vaccination compliance of all non-employed team members who provide onsite care, treatment, or other services to Endeavor Health. These vaccination records must be maintained by the Company and will make them available to Endeavor Health, upon request. The Company is responsible for providing a signed copy of the vaccine attestation for each non-employee working onsite. The following is considered to be acceptable proof of vaccination status: the record of immunization from a healthcare provider or pharmacy; a copy of medical records documenting the vaccination; a copy of immunization records from public health, state, or tribal immunization information system, including I-CARE; or a copy of any other official documentation that contains the type of vaccine administered, date(s) of administration, and the name of the healthcare professional(s) or clinic site(s)

All non-employed team members must comply with the vaccination requirements below before coming onsite:

Measles/Mumps/Rubella (MMR) Immunity: This requirement can be satisfied one of two ways: proof of completing the MMR vaccine series (which consists of two doses), **OR** provide blood test results showing immunity to measles/rubeola, mumps, **and** rubella.

Vaccine/Titer Date(s): _____

Varicella (Chickenpox) Immunity: This requirement can be satisfied one of two ways: proof of completing the varicella vaccine series (which consists of two doses) **OR** provide blood tests results showing immunity to varicella. Please note: Having had chicken pox in the past does **NOT** constitute proof of immunity.

Vaccine/Titer Date(s): _____

Tetanus, Diptheria, Pertussis (TDAP): *This vaccine requirement is for direct patient care team members only.* Provide proof of vaccination as an adult (over 19 years). Please note: The vaccine must include pertussis. Td vaccine, which is without pertussis, does not fulfill the requirement.

Vaccine/Titer Date(s): _____

Seasonal Influenza: *This is an annual requirement from October 1st-March 31st:* Our mandatory flu program requires you to obtain the flu vaccine during the current flu season.

Vaccine Date(s): _____

| NON-EMPLOYEE VACCINATION ATTESTATION | | |
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| I hereby attest that _____ complies with Endeavor Health Vaccine Requirements, and that the individual will comply with the requirements set forth above. | | |
| Team Member Status: <input type="checkbox"/> Vendor <input type="checkbox"/> Contractor <input type="checkbox"/> Student <input type="checkbox"/> Intern <input type="checkbox"/> Resident <input type="checkbox"/> Other | | |
| Company Representative Signature: | Printed Name: | Date: |
| Company Name: | Title: | Phone: |
| <i>Completed forms should be submitted using the following instructions below:</i> | | |
| Non-Employed Team Members who have access to Endeavor Health intranet or Citrix Workspace: | | |
| <ol style="list-style-type: none"> 1. Login to the Team Member Health Portal, click on the icon Forward Together or Citrix Workspace. 2. Click the red bell icon. 3. Find the questionnaire on the page and click begin. Click the "Already Received Vaccine". Attest that your flu vaccine was received after August 1 of this year. Upload a copy of the Proof of Vaccine >Choose file. Click Submit. | | |
| Non-Employed Team Members who DO Not have access to submit via the NS-EEH Portal: | | |
| Northwest Community Hospital (NCH)- email your vaccine documentation to OEHSServices@nch.org | | |
| NorthShore and Swedish Hospitals- email your vaccine documentation to EmployeeHealthServices@northshore.org | | |
| Edward-Elmhurst Health (EEH)- email your vaccine documentation to Employee.Health@EEHealth.org | | |