

UW Medicine Vendor Vaccination Requirement

All vendors, suppliers and contractors working on-site at any UW Medicine facility are required to be fully vaccinated against COVID-19. No exemptions will be accepted as of January 3, 2022.

Please note: this requirement does not apply to vendors or suppliers who are only present onsite for short periods of time, for example, drivers dropping materials at a loading dock or delivery workers picking up packages at the entrance of a building. Similarly, construction projects performed at a healthcare setting removed from patient care access at the time of construction, such as projects where an entire wing is closed with no medical services provided, are excluded from this mandate.

If a Vendor is not enrolled in UW Medicine's Vendormate Credentialing System, they may be allowed on-site access provided:

- Vendor is on UW Medicine's list of compliant non-Vendormate vendors (<https://depts.washington.edu/hmcrm/Vendor%20Vaccine%20Approvals.pdf>); or
- Vendor shows signed UW Medicine Vendor Vaccination Declaration Form at check-in (example below); or
- Vendor shows proof of vaccination (see details on next two pages).

If a Vendor does not meet any of the above criteria, they should contact the department receiving the service. If further escalation is needed, the department manager should contact the Nursing Supervisor or Administrator on Call.

For more information, refer to the [UW Medicine Vendor Vaccination Requirement](#) intranet page.

UW Medicine

UW Medicine Vendor Vaccination Declaration

The below declaration is required for all vendors and suppliers working on-site at a UW Medicine facility as of Oct. 18, 2021. Vendors or suppliers using UW Medicine's Vendormate Credentialing System should upload their COVID-19 vaccine information directly to their UW Medicine Vendormate profile. Those not enrolled in Vendormate should send the completed form to scmhhelp@uw.edu.

Pursuant to Governor Inslee's Proclamation 21-14.1 ("Proclamation"), as amended on Aug. 20, 2021, and anytime thereafter, I hereby declare as follows:

1. My name is [Individual Signer's Name] and I am the [Position Title] of [Company Name].
2. [Company Name] is a contractor with UW Medicine (aka University of Washington) defined by the Proclamation.
3. Pursuant to Section 4 of the Proclamation, UW Medicine requires [Company Name] to assume responsibility for the COVID-19 vaccination of [Company Name] included within the Proclamation. [Company Name] agrees to provide proof of vaccination for all of its employees that provide on-site services with respect to all of [Company Name]'s employees.
4. [Company Name] has met all requirements included within the Proclamation. This includes providing a copy of or visually observe proof of full vaccination agreement for every employee who is subject to the vaccination requirement.
5. Any employee who is not fully vaccinated by Dec. 1, 2021, will be prohibited from working at UW Medicine. UW Medicine will not accept any exemption for non-compliance.
6. [Company Name] will submit additional signed declarations upon the request of and by the UW Medicine.
7. [Company Name] further agrees to cooperate with any investigation or inquiry UW Medicine may conduct regarding [Company Name]'s compliance with the Proclamation. This includes providing information and records upon request, except any information or records that [Company Name] is prohibited by law from disclosing.

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Signed on the [Date] day of [Month], [Year], at [City, State, or Country].

Name, Title: [Name, Title]

Signature: _____

Revised 11/3/2021

UW Medicine Approved COVID-19 Vaccines

- Moderna
- Pfizer/BioNTech
- Janssen (Johnson & Johnson)
- Oxford/AstraZeneca
- Serum Institute of India Covishield
- Sinopharm (Beijing)
- Sinovac CoronaVac
- Or any other WHO approved vaccine:
<https://covid19.trackvaccines.org/agency/who/>

Examples of COVID-19 Proof of Vaccination

Proof of vaccination can be met by presenting one of the documents listed below. The document must include the vendor's **name**, **date of birth**, vaccine **manufacturer** and **administration date(s)**.

- CDC COVID-19 Vaccination Record Card or photo of the front and back of the card;
- Documentation of vaccination from a health care provider or electronic health record (for example Epic MyChart);
- State immunization information system record (for example MyIR or WAverify); or
- For an individual who was vaccinated outside of the United States, a reasonable equivalent of any of the above (for example the World Health Organization (WHO) yellow vaccination card).

To be fully vaccinated, vendors must have completed their second dose of a two-dose series like Moderna or Pfizer two or more weeks prior to coming onsite or completed a single dose of Johnson & Johnson two or more weeks prior to coming onsite.

CDC Card:

COVID-19 Vaccination Record Card

Please keep this record card, which includes medical information about the vaccines you have received.

Por favor, guarde esta tarjeta de registro, que incluye información médica sobre las vacunas que ha recibido.

Last Name _____ First Name _____ MI _____

Date of birth _____ Patient number (medical record or IIS record number) _____

Vaccine	Product Name/Manufacturer Lot Number	Date	Health Clinic
1 st Dose COVID-19		mm / dd / yy	
2 nd Dose COVID-19		mm / dd / yy	
Other		mm / dd / yy	
Other		mm / dd / yy	

Reminder! Return for a second dose!
¡Recordatorio! ¡Regrese para la segunda dosis!

Vaccine	Date / Fecha
COVID-19 vaccine Vacuna contra el COVID-19	mm / dd / yy
Other Otra	mm / dd / yy

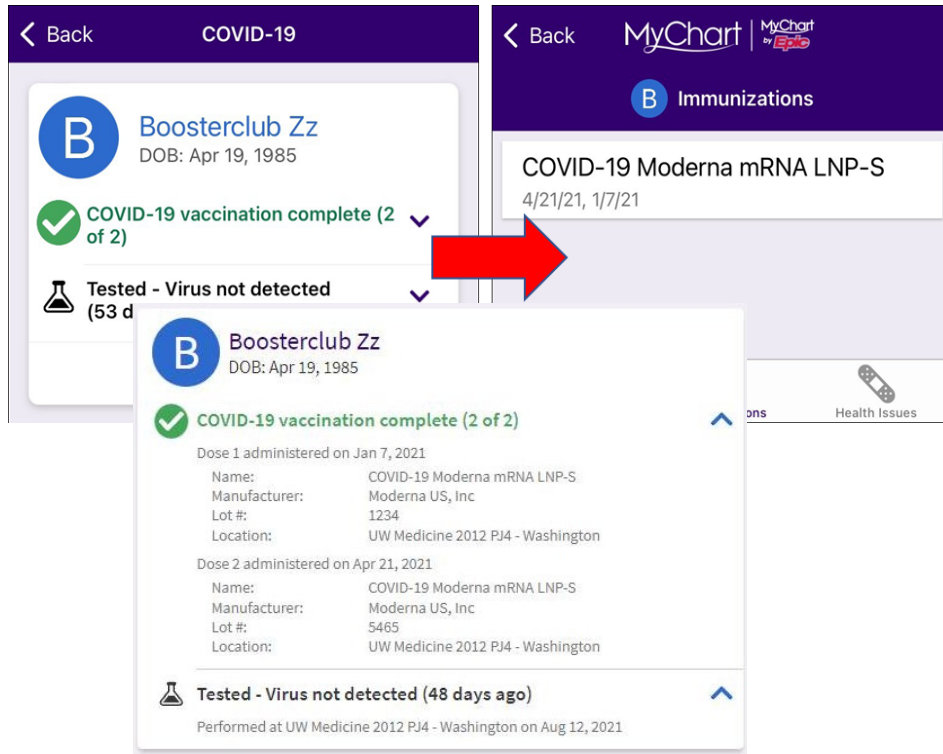
Bring this vaccination record to every vaccination or medical visit. Check with your health care provider to make sure you are missing any doses of routine recommended vaccines.

Para obtener más información sobre el COVID-19 y la vacuna contra el COVID-19, visite www.cdc.gov/coronavirus/2019-ncov/index.html.

You can report possible adverse reactions following COVID-19 vaccination to the Vaccine Adverse Event Reporting System (VAERS) at vaers.hhs.gov.

Puede notificar las posibles reacciones adversas después de la vacunación contra el COVID-19 al Sistema de Notificación de Reacciones Adversas a las Vacunas (VAERS) en vaers.hhs.gov.

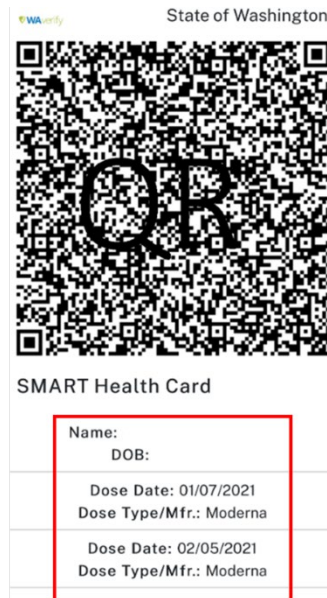
Epic MyChart:



MyIR or WAverify:



OR



WHO Yellow Card:

