

To UW Medicine Suppliers and Vendors not registered in the Green Security Credentialing System:

In our ongoing response to the pandemic, UW Medicine is requiring all suppliers and vendors working on-site at any UW Medicine facility to be fully vaccinated against COVID-19. No exemptions will be accepted.

As a supplier or vendor of UW Medicine, you are responsible for ensuring your vendor representatives, including employees and subcontractors, comply with UW Medicine's requirement.

To confirm compliance, all suppliers and vendors working on-site at a UW Medicine facility not registered in the Green Security Credentialing System must complete the attached declaration form showing their vendor representatives, including employees and subcontractors, have been fully vaccinated against COVID-19. Suppliers and vendors should return their completed form to scmhelp@uw.edu no later than January 3, 2022.

Please note the vaccination requirement does not apply to suppliers or vendors who work remotely and are never required to be on-site at a UW Medicine facility. Nor does it apply to vendors or suppliers who are only present on-site 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.

Special instructions may apply to some members of the below groups:

- **On-site construction:** Employers of on-site construction workers that the above exemption is not applicable to, are responsible for verifying that all their employees and subcontractors are compliant as outlined in the above process.
- **Temporary agency staff:** UW Medicine tracks the vaccination status of all contract agency staff and can verify through existing internal records that employees who are currently working on-site are compliant. If you have followed the existing process, additional approvals or declarations are not needed.

In addition, please note that UW Medicine continues to require face masks in all patient areas regardless of vaccination status.

If you have questions about these requirements, please contact scmhelp@uw.edu.

Thank you for your cooperation as we work to create a safer environment for all at UW Medicine.

Sincerely,

Erik Walerius
Chief Supply Chain Officer
UW Medicine

UW Medicine



EMAIL scmhelp@uw.edu
WEB uwmedicine.org



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 Credentialing System should upload their COVID-19 vaccine information directly to their UW Medicine profile. Those not enrolled in Green Security should send the completed form to scmhelp@uw.edu.

1. My name is [Individual Signer's Name] and I am the [Position Title] at [Company Name].
2. [Company Name] is a contractor with UW Medicine.
3. UW Medicine has elected to require [Company Name] to assume responsibility for the COVID-19 1st and 2nd vaccination verification requirements. [Company Name] agrees to assume those responsibilities with respect to all of its employees that provide on-site services to UW Medicine.
4. [Company Name] has met the COVID-19 1st and 2nd vaccine verification requirements. This includes the requirement to obtain a copy of or visually observe proof of 1st and 2nd vaccination against COVID-19 for every current employee who is subject to the vaccination requirement.
5. [Company Name] agrees to submit additional signed declarations upon the request of and by the date designated by UW Medicine.
6. [Company Name] further agrees to cooperate with any investigation or inquiry UW Medicine makes into [Company Name]'s compliance with UW Medicine Policy. 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: _____

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UW Medicine



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