NewYork-Presbyterian OUTSIDE PROVIDER ASSESSMENT WORKFORCE HEALTH & SAFETY	Name	Date of Birth:
	Employee ID	Department:
	Work Phone/Beeper:	Email:

Workforce Health and Safety Columbia, Lawrence and Westchester: (212) 297-4579 Weill Cornell & Lower Manhattan: (212) 297-3070	Email: whs-datamanagement@nyp.org

INFLUENZA VACCINE OUTSIDE DOCUMENTATION FORM

Please select a campus:

☐Columbia Univ. Irving ☐Lawrence ☐Lower Manhattan ☐Westchester ☐Weill Cornell

The above individual has received the influenza vaccine:

Date of Administration: _____/_____/____

Specific Vaccine Formulation:
Vaccine Brand Name (e.g. Afluria, Fluarix, etc; will not accept generic name such as trivalent, quadrivalent, flu shot): _____ & One dose administered.

Administering Licensed Healthcare Provider's Name:_____
Title: _____
Signature:_____
Telephone #: (_____) _____

For questions regarding influenza or the vaccine please email us at fluquestions@nyp.org

Vaccination documentation on an office letterhead/prescription is also accepted; it must contain all the information noted above.

Please email your documentation form/letter to: whs-datamanagement@nyp.org