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|---|--------------------|-------------|----------------|
|  | Name | | Date of Birth: |
| | Employee ID | Department: | |
| | Work Phone/Beeper: | Email: | |

INFLUENZA VACCINE OUTSIDE DOCUMENTATION FORM

Please select a campus:

Weill Cornell 212.746.4370

Lawrence 914.787.4273

Columbia/CHONY/Allen 212.305.7590

Hudson Valley 914.734.3354

Lower Manhattan 212.312.5249

Queens 718.670.1280

Westchester 914.997.5800

Brooklyn Methodist 718.246.8570

Please email your documentation form/letter to: whs-datamanagement@nyp.org. Contact your local WHS clinic to determine how to retrieve a flu sticker for your ID. You do not need to retrieve a sticker for your ID if you work remotely and do not come onto Hospital property.

The above individual has received the influenza vaccine:

Date of Administration: ____/____/____

Specific Vaccine Formulation:

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

Administering Licensed Healthcare Provider's Information

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.