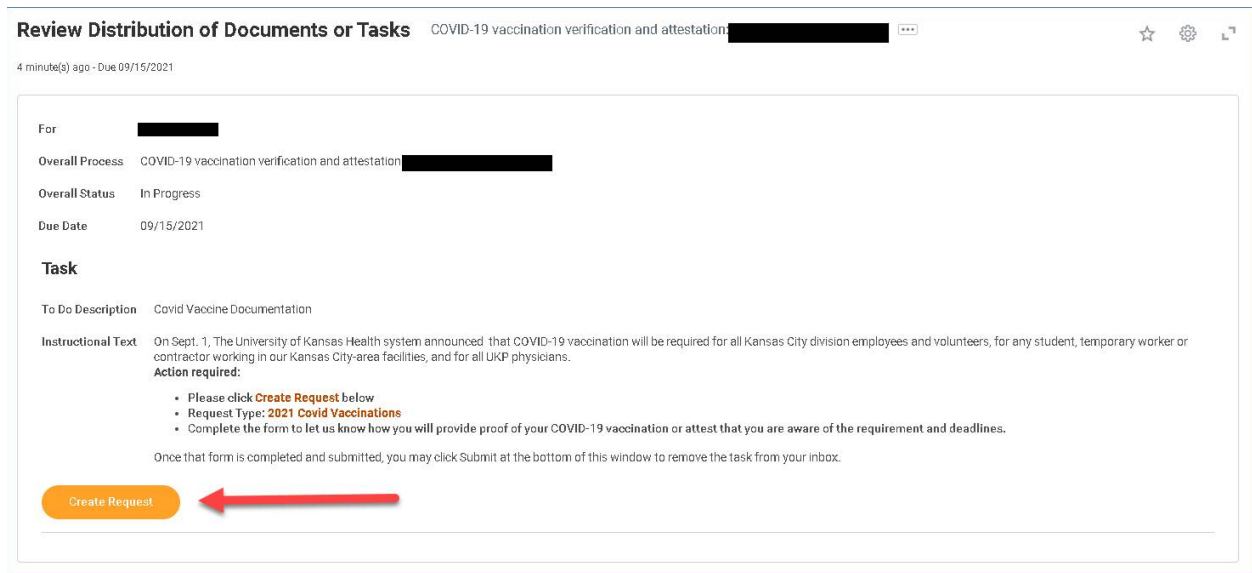
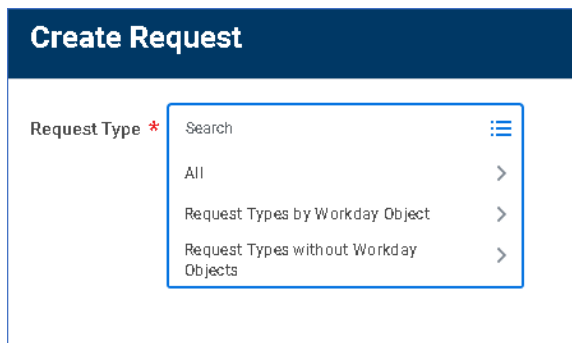


# Workday Instructions for COVID Vaccine Documentation

1. Log on to Workday. (Your Workday inbox can be accessed via the mobile app or desktop version.)
2. In your **Workday inbox** will be a task assigned to you.
3. Click **Create Request**.



4. Select **All > 2021 Covid Vaccinations** and click **OK**.



5. Select one of the 3 options and click **Submit**.

**2021 Covid Vaccinations**

COVID-19 vaccination verification and attestation

Please select how you would like to provide proof of your vaccination or attest you understand you need to be fully vaccinated by Dec. 1, 2021 by selecting one of the options below. You must complete this form by Sept. 17, 2021.

Please select how you would like to provide proof of your vaccination or attest you understand you need to be fully vaccinated by Dec. 1, 2021 by selecting one of the options below. You must complete this form by Sept. 17, 2021. (Required)

Option 1: I voluntarily authorize The University of Kansas Hospital Authority ("Hospital") to access and extract from my Hospital confidential electronic medical record or other Hospital electronic systems/platforms the following medical information: (a) the date I was administered the first and second dose (for second dose vaccines only) and any corresponding boosters of an Emergency Use Authorized or U.S. Food and Drug Administration approved COVID-19 vaccination, (b) the name of the manufacturer of the vaccine, and (c) the lot number and expiration date of the vaccine (if available). I understand this information will only be used to determine if I have complied with the Hospital's COVID-19 Vaccination Policy and will be stored in my confidential medical file maintained by the Hospital's Employee Health Department. I understand that my receipt of treatment or eligibility for health benefits will not be conditioned on whether I sign this Authorization and that no Genetic Information will be accessed. I further understand that the medical information extracted will no longer be protected by HIPAA. This Authorization will remain in effect for the duration of my employment, contract, assignment, medical staff membership, physician privileges, or clinical studies with the Hospital, unless revoked sooner. I may revoke this Authorization at any time in writing by contacting Employee Health by email at ooc@kumc.edu. If I choose to revoke this Authorization, the revocation will not be effective as to the information that has already been accessed and copied in reliance on this Authorization. I will be provided a copy of this electronically signed Authorization upon receipt.

Option 2: I will provide verification I am fully vaccinated for the COVID-19 virus to Employee Health by September 17, 2021. I will scan or photocopy my completed CDC issued COVID-19 Vaccination Record Card or documentation from my provider listing my name, date of birth, location the vaccine was administered, vaccine administration date(s), the manufacturer of the vaccine, and the lot number and expiration date of the vaccine (if available) to either ooc@kumc.edu or a confidential fax at (913) 588-2769. I understand I am not to provide any Genetic Information when submitting this information.

Option 3: I am currently not vaccinated. I understand I need to be fully vaccinated by December 1, 2021 or have applied for an exemption to the COVID-19 Vaccination Policy by October 15, 2021.

enter your comment

6. Click **Submit** on the Inbox task to remove from inbox.

**Review Distribution of Documents or Tasks** COVID-19 vaccination verification and attestation

4 minute(s) ago - Due 09/15/2021

For [REDACTED]

Overall Process COVID-19 vaccination verification and attestation [REDACTED]

Overall Status In Progress

Due Date 09/15/2021

**Task**

To Do Description Covid Vaccine Documentation

Instructional Text On Sept. 1, The University of Kansas Health system announced that COVID-19 vaccination will be required for contractor working in our Kansas City-area facilities, and for all UKP physicians.  
**Action required:**

- Please click **Create Request** below
- Request Type: **2021 Covid Vaccinations**
- Complete the form to let us know how you will provide proof of your COVID-19 vaccination or attest th

Once that form is completed and submitted, you may click Submit at the bottom of this window to remove the

Create Request

enter your comment

Process History

Martin [REDACTED] 174931 09/15/2021

Submit Save for Later Cancel