COVID19 VACCINE PARTICIPATION RECORD INSTRUCTION SHEET
FOR THOSE VACCINATED OUTSIDE OF NYC H+H

1. Please fill out only the fillable form areas (light blue boxes): Last Name, First Name, Middle Initial, Date of Birth, Facility, Department, Title, Gender, Contact Number, Email, TK/EMPL ID#.

2. Check off the appropriate box indicating your association with NYC H+H, ie-employee, affiliate, etc.

3. Ethnicity / Race – please check off the appropriate boxes indicating your ethnicity and race (this data is collected for aggregate reporting only).

4. Skip down to "Vaccine Declination From NYC Health + Hospitals" Section, check box "already vaccinated".

5. **PLEASE DO NOT FILL OUT (the portion of the form requesting vaccine specific information. This is to only be completed by the person entering vaccine information into the registry):** Name of vaccine given, date vaccine administered, vaccine manufacturer, vaccine lot number, expiration date, vaccinator name. **THE ABOVE ITEMS MUST BE SHOWN ON YOUR PROOF OF VACCINATION** (which is, in most cases, the CDC vaccination card you received at the time you were given the vaccine).

6. Electronically sign & date your form.

7. Submit your form, **along with your proof of vaccination**, via e-mail, to your local OHS office. Illegible or missing proof of vaccination cannot be processed and will result in the vaccination not being recorded in the COVID Vaccination Registry (CVR).

OHS mailboxes are as follows:

Facility	Email address		Facility	Email address
Bellevue	BHCOHSCOVID@nychhc.org		MetroPlus	MPEVR@metroplus.org
Carter	Post-AcutecareOHS@nychhc.org		NCB	NCBOHS@nychhc.org
Central Office	Corp-OHS@nychhc.org		Queens	QueensOHS@nychhc.org
Coler	ColerOHS@nychhc.org		Seaview	SeaviewOHS@nychhc.org
Coney Island	ConeyOHS@nychhc.org		Woodhull	WoodhullOHS@nychhc.org
Correctional Health	CHSOHS@nychhc.org			
Elmhurst	ElmhurstOHS@nychhc.org			
Gotham Sites	GothamOHS@nychhc.org			
Gouverneur (SNF & Gotham)	GouverneurOHS@nychhc.org			
Harlem	HarlemOHS@nychhc.org			
Jacobi	JacobiOHS@nychhc.org			
Kings County	KingsOHS@nychhc.org			
Lincoln	LincolnOHS@nychhc.org			
McKinney	McKinneyOHS@nychhc.org			
Metropolitan	MetropolitanOHS@nychhc.org			

NYC HEALTH+ HOSPITALS

COVID-19 VACCINE PARTICIPATION RECORD

FOR THOSE VACCINATED OUTSIDE OF NYC Health and Hospitals

Information about the person who received the vaccine **(PLEASE PRINT)**			
LAST:	**FIRST:**	**MIDDLE INITIAL:**	**DATE OF BIRTH:**
FACILITY:	**DEPARTMENT:**	**TITLE:**	
GENDER:	**CONTACT NUMBER:** ( )	**EMAIL:**	**TK/EMPL ID#:**

Please check one:
H+H Employee _____ Affiliate _____ Agency/Temps _____ Student _____ Volunteer _____ Contractor _____ Other _____

Ethnicity:

- ☐ Argentinian
- ☐ Bangladeshi
- ☐ Burkina Faso
- ☐ Colombian
- ☐ Costa Rican
- ☐ Cuban
- ☐ Dominican
- ☐ Ecuadorian
- ☐ Guatemalan
- ☐ Hispanic
- ☐ Honduran
- ☐ Korean
- ☐ Mexican/Mexican American
- ☐ Nicaraguan
- ☐ Non-Hispanic
- ☐ Other Hispanic
- ☐ Pakistani
- ☐ Peruvian
- ☐ Puerto Rican
- ☐ Salvadoran
- ☐ Spaniard
- ☐ Taiwanese
- ☐ Venezuelan
- ☐ Vietnamese
- ☐ Unknown
- ☐ Decline

Race:

- ☐ American Indian or Alaskan
- ☐ Asian
- ☐ Asian Indian
- ☐ Bangladeshi
- ☐ Black
- ☐ Chinese
- ☐ Filipino
- ☐ Korean
- ☐ Native Hawaiian
- ☐ Other Pacific Islander
- ☐ Pakistani
- ☐ Taiwanese
- ☐ Vietnamese
- ☐ White
- ☐ Unknown
- ☐ Decline
- ☐ Other _____

THE INFORMATION BELOW MUST BE LEGIBLE ON YOUR PROOF OF VACCINATION. PLEASE DO NOT FILL OUT THE SECTION BELOW

Name of Vaccine Given:		☐ 1st Dose ☐ 2nd Dose (if applicable)	
1st Dose Vaccination Date:		2nd Dose Vaccination Date (if applicable):	
Vaccine Manufacturer:		Vaccine Lot Number:	Exp. Date:

VACCINATOR: Healthcare Professional or Clinic Site: _____

VACCINE DECLINATION FROM NYC HEALTH + HOSPITALS

☐ **ALREADY VACCINATED –** I have already received a COVID-19 vaccine from an external source and I have provided medical documentation to the Occupation Health Services (OHS) Office.

I **attest** that, to the best of my knowledge and belief, all information in the above referenced data being reported and submitted is accurate and complete.

STAFF SIGNATURE: _____ **DATE/TIME:** _____