

## Documentation of Influenza Vaccination

Influenza vaccination, administered by Employee Health, is offered to all Upstate healthcare personnel each year without charge.

As required by Section 2.59 of New York Codes, Rules and Regulations, Title 10, all personnel who are not vaccinated against influenza for the current influenza season must wear a surgical or procedure mask while in areas where patients may be present. This requirement will begin and remain in effect during the period when the NYS Commissioner of Health determines that influenza is prevalent or the hospital epidemiologist determines that this measure is necessary.

Upstate personnel vaccinated elsewhere must submit documentation (date and vaccine formulation) of influenza vaccination from the health care provider or facility that administered the vaccine or comply with the mask requirement above. *Documentation may be provided on this form, a provider's prescription or a document bearing the provider's signature and stamp.*

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***Please complete:***

Name (*print*): \_\_\_\_\_ Upstate ID #: \_\_\_\_\_

Job Title: \_\_\_\_\_ Work Area: \_\_\_\_\_

***Health provider administering vaccination must complete the following:***

Vaccination Date: \_\_\_\_\_ Vaccine type: \_\_\_\_\_

Name (*Print*): \_\_\_\_\_

(*Signature*): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Return to: Employee/Student Health  
Jacobsen Hall, 4<sup>th</sup> Floor  
Fax: 315-464-5471