

## Instructions for the COVID Vendor and Contractor Vaccination Status Submission Form

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### **Section 1: Form Submission process.**

#### *a. Form Overview and Submission*

- i. Form Organization: The form on our web portal is organized into four sections: Vendor Information, Covered Worker Information, Vaccination Details, and Attestation.
  - ii. End User: The form should be completed by an individual at the Vendor/Contractor organization (“End User”). The End User must be authorized to attest to the accuracy of the information provided and acknowledgment/acceptance of the UNC Health requirements. The End User should have access to all information required to complete the form for each Covered Worker.
  - iii. Covered Workers: The End User must complete the form for *each* of its employees who visit or work at UNC Health locations or facilities (known as “Covered Workers”).
  - iv. “In person” Services: The form must only be completed if the Vendor/Contractors employees provide in person services, including in person services delivered in a patient’s home or in an “offsite” setting, like a hospice or long term care facility . If the End User indicates that the Vendor/Contractor does not have any employees that provide in person care, treatment, or other services to UNC Health, the End User will only complete the Vendor Information and Attestation sections.
  - v. Attestation: As part of the form submission process, the End User will be required to provide an attestation. After completing the attestation and clicking “Submit”, the End User will be routed to the start of a new form. Vendor information will be saved for convenience. The End User may then advance to the Covered Worker Information Section for its next employee.
  - vi. Form Updates: The form must be updated by the End User whenever information concerning a Covered Worker changes. The End User will be asked to provide a unique identifier that can be used to report a change the Covered Worker’s vaccination status, reassignment, or termination.
  - vii. Attachments: The form does not allow for any attachments. Vendors/Contractors should maintain proof of each Covered Worker’s vaccination or exemption. Vendors/Contractor’s should provide documentation to UNC Health only upon request.
- b. *Required Information*: To start, the End User should collect the following information:
- i. *Vendor Information*: The name of the organization and official contact information.
  - ii. *Covered Worker Information*: First and last name, unique identifier, age category, start and end dates of service at UNC Health, name of the the UNC Health facility(ies) where the Covered Worker is assigned, and the Covered Worker’s role and level of patient interaction.

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- iii. *Covered Worker Vaccination Details:* Vaccination details (including dose dates, providers, and manufacturers), exemption approval dates and expiration date, if applicable, for each Covered Worker.
- c. *Attachments and Documentation:*
  - i. The web portal does not allow the End User to upload any documentation related to its employees. The Vendor/Contractor should maintain all vaccination details internally and provide to UNC Health only upon request.

### 2.) Section 2: Field Explanations.

- a. Vendor Information
  - i. **Vendor:** Start typing the organization's name to search. If the organization is not listed, choose "Other Vendor Organization".
  - ii. **Other Vendor Organization:** If the organizations name is not listed in the Vendor field, type the name of the Vendor/Contractor organization.
  - iii. **Official Vendor Contact Name:** Type the first and last name for an authorized individual in the organization who can receive any notice or communication required under the contract with UNC Health. This may or may not be the End User who is submitting the form.
  - iv. **Official Vendor Contact Email:** Type the email address for an authorized individual in the organization who can receive any notice or communication required under the vendor contract with UNC Health. This may or may not be the End User who is submitting the form.
  - v. **Covered Workers Qualification:** Indicate whether the Vendor/Contractor organization has any employees who provide in person care, treatment, or other services to any UNC Health facility.
- b. Covered Worker Information
  - i. **Workers Last name.** Type the Covered Worker's last name.
  - ii. **Workers first name.** Type the Covered Workers first name.
  - iii. **Unique Identifier.** Type a number/letter combination that the End User can reference to reliably identify the Covered Worker. The End User should maintain a record of the unique identifiers for each of the Covered Workers. The Unique Identifier will be used for updating submissions after they have been submitted due to a change in the Covered Worker's vaccination status or as may be required for each Policy. The End User should NOT use any portion of the Covered Worker's Social Security Number or driver's license number. Acceptable example of this ID include: Last 4 digits of the Covered Worker's phone number.
  - iv. **Submission Status.** Indicate the submission status. To create a new record for a Covered Worker, select "New Submission". To update a Covered Worker's vaccination or exemption status, select "Update Submission". If a Covered Worker's employment status or work assignment to UNC Health has changed or been terminated, choose "Termination Submission."

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- v. **Workers age category.** Select the age category for the Covered Worker (Under Age 50 or Age 50 and Older)
- LENGTH OF SERVICE INFORMATION**
- vi. **Currently providing services:** Select if the Covered Worker is currently providing services at any UNC Health Facility.
  - vii. **Worker Start of Service.** Indicate the date that the Covered Worker first began providing services at any UNC Health facility.
  - viii. **Worker End of Service to UNC Health Date.** Indicate the date on which Covered Worker stopped providing services at *any* UNC Health facility. This field is only required if the Covered Worker is no longer providing services.
- ADDITIONAL INFORMATION**
- ix. **Level of Patient Interaction:** Select the Covered Worker’s level of patient interaction from the drop-down. Options include Direct Patient Care, Other engagement with patients, and no routine engagement with patients.
  - x. **Role:** Type the title/role that the Covered Worker fills. For example, Contract RN or food delivery worker.
  - xi. **UNC Health facility (ies):** Select *all* facilities at which the Covered Worker may provide services. If the Covered Worker provides in-person care at a patient’s home, or works in another “offsite” setting like a hospice or long term care facility, select “UNC Health locations other than hospitals or patient clinics.”
  - xii. **Assigned Work Area:** Type any and all assigned work area(s) where the Covered Worker may be assigned at UNC Health, such as pharmacy, nursing, construction/renovation, facilities maintenance, cabling, food services, cabling, EVS, OR/Procedural, product/service meeting or demonstration, etc.
- c. Vaccination Information
- i. **Exempt from Vaccination:** Indicate whether the Covered Worker is exempt from the COVID-19 Vaccination Requirement.
  - ii. **Medical Contraindication Approval Date:** If the Covered Worker has an approved Medical Contraindication, indicate the date that the medical contraindication exemption was approved. Medical contraindications include history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine, and history of a known diagnosed allergy to a component of the COVID-19 vaccine.
  - iii. **Other Exemption Approval Date:** If the Covered Worker has an “other exemption” approval, indicate the date that the “other exemption” was approved. In accordance with the UNC Health policy, this category can include religious exemptions and temporary medical exemptions. An example of a temporary medical exemption is if the Covered Worker received monoclonal antibodies for COVID and is within the window where vaccination is disallowed.
  - iv. **Temporary Exemption Expiration Date:** For Covered Workers with Temporary Exemptions, indicate the date that the Covered Worker’s temporary exemption expires and the Covered Worker will become eligible to be vaccinated. For

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example, if the Covered Worker received monoclonal antibodies for COVID and is disallowed from receiving a vaccine until 01/01/2022, the End User should indicate 01/01/2022 in the Temporary Exemption Expiration Date Field.

- v. **Declined COVID Vaccine:** For Covered Workers who have not received a COVID-19 Vaccine and who have not been granted an exemption, indicate the date on which the Covered Worker declined to receive a COVID Vaccine. This individual is not in compliance with the COVID CMS Rule or UNC Health policy, and should not report to any UNC Health facility for assignment.
- vi. **Immunocompromised (Optional):** If the End User is willing/able to report this, indicate if the Covered Worker is considered "moderately to severely immunocompromised". This field is optional and will assist UNC Health in fulfilling its reporting requirements.
- vii. **Dose 1 date:** Indicate the date that the Covered Worker was vaccinated with Dose 1.
- viii. **Dose 1 Manufacturer:** Select Vaccine Manufacturer Name from the drop down list.
- ix. **Dose 1 provider:** Type the name of the facility that vaccinated the Covered worker with Dose1. (i.e., CVS Pharmacy, Walgreens Pharmacy, local hospital name)
- x. **Dose 2 date:** If a second dose is required to be fully vaccinated in accordance with UNC Health Policy, indicate the date that the Covered Worker was vaccinated with Dose 2.
- xi. **Dose 2 Manufacturer:** If a second dose is required to be fully vaccinated, select the Select Vaccine Manufacturer Name for Dose 2 from drop down list.
- xii. **Dose 2 provider:** If a second dose is required to be fully vaccinated, type the name of the facility that vaccinated the Covered Worker with Dose 2. (i.e., CVS Pharmacy, Walgreens Pharmacy, local hospital name)
- xiii. **Booster 1 Date:** If the Covered Worker has received a Booster Dose 1, indicate the date that the Covered Worker was vaccinated with Booster Dose 1.
- xiv. **Booster 1 Manufacturer:** If the Covered Worker has received a Booster Dose 1, select the Vaccine Manufacturer Name for Booster Dose 1 from drop down list.
- xv. **Booster 1 Provider:** If the Covered Worker has received a booster Dose 1, type the name of the facility that vaccinated the Covered Worker with Booster Dose 1. (i.e., CVS Pharmacy, Walgreens Pharmacy, local hospital name)
- xvi. **Booster 2 Date:** If the Covered Worker has received a Booster Dose 2, indicate the date that the Covered Worker was vaccinated with Booster Dose 2
- xvii. **Booster 2 Manufacturer:** If the Covered Worker has received a Booster Dose 2, Select Vaccine Manufacturer Name for Booster Dose 2 from drop down list.
- xviii. **Booster 2 Provider:** If the Covered Worker has received a booster Dose 1, type the name of the facility that vaccinated the Covered worker with Booster Dose 2. (i.e., CVS Pharmacy, Walgreens Pharmacy, local hospital name)

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- xix. **Vaccination Education:** Indicate the date on which vaccination education was provided by the Vendor/Contract to the Covered Worker, if applicable. Vaccination education might include information on the safety and effectiveness of COVID-19 vaccines.
- d. **Attestation**
  - i. **Attestation Statement.** Indicate acceptance and understanding of UNC Health's COVID policy and requirements for updating and maintaining COVID-19 related records.
  - ii. **Attestation Owner:** First and last name of the authorized End User.
  - iii. **Attestation Owner Work Email:** Email address of authorized End User.