



Date: September 19, 2016

To: Contracted Partner
From: Christine Foley
Administrative Director, Buildings & Properties

Subject: Flu Vaccination Compliance Notification

In accordance with Cleveland Clinic and CDC guidelines, contractors are required to obtain the influenza (flu) vaccination in 2016 if the individual is or will be in a patient care facility. Patient care facility is defined as all Cleveland Clinic hospitals and medical facilities.

The contract administrator is responsible for ensuring that contractors are in compliance by submitting an attestation (see attached) and a list of all employees that received the flu vaccine to the Administrative Director. Documentation must be submitted for current contractors by November 15, 2016. For new contractors on-boarded between November 15, 2016 and March 31, 2017 the attestation and list of employees will be due by April 15, 2017.

Note: Cleveland Clinic may audit flu vaccination documentation; therefore, please ensure you maintain all documentation from employees for at least one (1) year.

Influenza Vaccine Documentation Requirements:

- First & Last Name
- The date the vaccine was administered
- The name and address of the company/facility that administered
- Vaccine manufacturer
- Lot number of vaccine
- Expiration date of vaccine

Flu shots may be administered anywhere (Wellness center, Pharmacy, Physician office, etc.) and will also be available at Cleveland Clinic at Work:

- **Cleveland Clinic at Work- Garfield**
Monday–Friday, 7:30 a.m. – 4 p.m.
Southside Corporate Centre
5595 Transportation Blvd., Suite 220
Garfield Heights, Ohio 44125
Phone: 216.587.5431 | Fax: 216.587.5474
- **Cleveland Clinic at Work- Medina**
Monday–Friday, 7:30 a.m. – 4 p.m.
970 East Washington St., Suite 203
Medina, Ohio 44256
Phone: 330.721.4955 | Fax: 330.721.4907

The Cleveland Clinic at Work fee for a flu vaccination is \$31.00. Reimbursement for the flu vaccination will not be covered by the Cleveland Clinic. The flu vaccination is typically available in late September or early October.



Contractor Influenza Vaccination Attestation and Report

Directions: This form is to be completed by the contracted partner. Please list all contracted staff assigned to a Cleveland Clinic facility and indicate whether or not they received the influenza vaccination or if they have received an exemption. Once the form and list has been completed, please print, sign, and submit it to your Cleveland Clinic Department Administrator/Representative.

Influenza vaccination is needed if the individual is or will be in a patient care facility. Patient care facility is defined as all Cleveland Clinic hospitals and medical facilities.

The undersigned, _____ has verified the individuals indicated below as having received the influenza vaccine have provided documentation. In the event of an audit, I acknowledge that documentation must be made available to the Cleveland Clinic within 1 week of request. The undersigned further acknowledge that CCF retains the right not to consider an application or to dismiss an individual from his/her experience if proper documentation cannot be provided as requested or if it is determined that any document submitted has been falsified.

Company Name: _____
Company Representative Recording Results: _____
Representative Email Address: _____
Representative Phone Number: _____

Company Representative Signature: _____ Date: _____

Contractor's Name	Non-Employee ID Number	Cleveland Clinic Location	This individual has received the Influenza Vaccine (indicate 'Yes' 'No' or 'Exemption')
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We prefer to receive the attestation and list of employees via email foleyc@ccf.org. If you or one of your contractors have any questions or concerns, please contact me.

Thank you.

Christine Foley
216-312-9210
foleyc@ccf.org