

Create Request: COVID Vaccination Disclosure

SUBMITTING COVID VACCINATION DISCLOSURE IN WORKDAY

The process for completing a COVID Vaccination Disclosure can be accessed from the Workday homepage announcement. **RISD strongly encourages all employees to receive a COVID-19 vaccine when it is made available to you. To ensure that our campus protocols keep everyone as safe as possible, it is critical that we know the percentage of our community that is vaccinated. Therefore, all RISD employees are required to disclose vaccination status by August 1.**

Important note: This process must be initiated by the employee.

From the Announcements section of the Workday Homepage

- 1- Click the “COVID VACCINE DISCLOSURE” Announcements.



Announcements

2 items



COVID VACCINE DISCLOSURE

Upload documents to verify you have received the FINAL (or only) dose of a COVID-19 vaccine or WILL NOT r

- 2- Click the link (indicated in blue) that represents your vaccine type (single or multi-dose) or your decision not to receive the vaccine.
 - [Single dose vaccine](#)
 - [Multi-dose vaccine](#)
 - [No Vaccine](#)

COVID Vaccine - Single Dose


Upload documentation that provides proof that you have received an approved COVID-19 vaccination. This could include a photographed or scanned copy of:

- CDC vaccination record card
- Patient record or consent form

Please select the manufacturer. (Required)

- ☐ Johnson + Johnson
- ☐ Other

Please enter the exact date of your vaccination. (Required)

MM/DD/YYYY 

Please select the state where you received your vaccination. (Required)

select one ▼

Please choose location where you received your vaccination. (Required)

- ☐ Primary Care Physician Office
- ☐ Mobile Vaccination Clinic (eg. Dunkin Donuts Center, Gillette Stadium)
- ☐ Pharmacy
- ☐ Other



enter your comment

Attachments

Drop files here

or

Select files

3- Single dose vaccine:

Complete the questionnaire as directed.

If you choose “Other” for the vaccine manufacturer, you will be prompted to enter the manufacturer name.

If you received the vaccine outside of the US, click the dropdown and choose the first option: “Outside the US”. You will be prompted to enter the name of the country where you received the vaccine.

If your state is not listed, choose “Other” at the bottom of the list. You will be prompted to enter the two-character state abbreviation where you received the vaccine.

If you choose “Other” for the location, you will be prompted to enter the location where you received your vaccine.

An attachment is required to complete your submission. Drag or select a photographed or scanned copy of either your CDC vaccination card or patient record/consent form.

Please do NOT include any medical information in the comments field.

COVID Vaccine - Multi Dose

Upload Documentation that provides proof that you have received the final dose of an approved COVID-19 vaccination series. This could include a photographed or scanned copy of:

- CDC vaccination record card
- Patient record or consent form

FIRST DOSE

Please select the manufacturer of your first dose. (Required)

- ☐ AstraZeneca
- ☐ Moderna
- ☐ Pfizer
- ☐ Other

Please enter the exact date of your first vaccination dose. (Required)

MM/DD/YYYY

Please select the state where you received your first vaccination. (Required)

select one

Please choose the location where you received your first dose. (Required)

- ☐ Primary Care Physician Office
- ☐ Mobile Vaccination Clinic (eg. Dunkin Donuts Center, Gillette Stadium)
- ☐ Pharmacy
- ☐ Other

SECOND DOSE

Please select the manufacturer of your second dose. (Required)

- ☐ AstraZeneca
- ☐ Moderna
- ☐ Pfizer
- ☐ Other

Please enter exact date of second vaccination dose. (Required)

MM/DD/YYYY

Please select the state where you received your second vaccination. (Required)

select one

Please choose the location where you received your second dose. (Required)

- ☐ Primary Care Physician Office
- ☐ Mobile Vaccination Clinic (eg. Dunkin Donuts Center, Gillette Stadium)
- ☐ Pharmacy
- ☐ Other



enter your comment

Attachments

Drop files here

or

Select files

4- Multi-dose vaccine:

Complete the questionnaire as directed for each dose you received.

If you choose “Other” for the vaccine manufacturer, you will be prompted to enter the manufacturer name.

If you received the vaccine outside of the US, click the dropdown and choose the first option: “Outside the US”. You will be prompted to enter the name of the country where you received the vaccine.

If your state is not listed, choose “Other” at the bottom of the list. You will be prompted to enter the two-character state abbreviation where you received the vaccine.

If you choose “Other” for the location, you will be prompted to enter the location where you received your vaccine.

An attachment is required to complete your submission. Drag or select a photographed or scanned copy of either your CDC vaccination card or patient record/consent form.

Please do NOT include any medical information in the comments field.

COVID No Vaccination

COVID-19 Vaccination Plan

COVID-19 Vaccination Plan... (Required)

- ☐ I do not plan on receiving the COVID-19 vaccine.
- ☐ I plan on receiving the COVID-19 vaccine at a later date.
- ☐ I do not have access to the COVID-19 vaccine.



enter your comment

5- No vaccine:

Complete the questionnaire as directed for each dose you received.

If you choose “I plan on receiving the COVID-19 vaccine at a later date,” you will be prompted to enter the approximate date of your planned vaccination.

Please do NOT include any medical information in the comments field.

6- Carefully review your answers and click on “Submit” when you have completed the questionnaire. You will receive a confirmation email indicating the receipt of your submission. If you have not yet received your second shot or have not yet scanned your document, you can click on “Save for Later” and the questionnaire will be saved in your inbox to be completed later. If you have not completed your vaccination, clicking “Cancel” will delete the questionnaire and you can start over when you are ready.

Submit

Save for Later

Cancel

- A. If you select ‘Save for Later,’ your task will be available in your Workday inbox until you are ready to complete the process. To access the task, click on the item labeled “Request Process: COVID Vaccine” in your inbox and complete all required fields and uploads.



Inbox
3 items

...

Request Process : COVID Vaccine - Multi Dose : Cassie Goryl
9 second(s) ago

7- Once submitted, the document will be routed to HR for final processing.



Post-Vaccination Protocol

Vaccinated individuals must continue to follow all campus health protocols—face coverings, physical distancing and surveillance testing to monitor for breakthrough infection (as mandated by RIDOH). Vaccination does not affect COVID-19 test results.