

# Flu Vaccine Verification Form

Office Code  
001KB\_10876

Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Provider \_\_\_\_\_ Date Administered \_\_\_\_\_

Vaccine Manufacturer \_\_\_\_\_ Lot # \_\_\_\_\_

☐ I have received my influenza vaccine for the season.

The flu vaccine is worth 30 points toward your wellness reward.

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## How to submit your completed form:

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the drop-down and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**.

*Users are limited to one (1) file per submission.*

