



# 2021 Flu Shot Verification Form

Verified by WELCOAZ

**Instructions:**

- To earn Wellness Points you will need to receive a Flu Shot in 2021.
- Please have your Physician/Pharmacist complete and sign if you have received a flu vaccine.
- Submit this form by email to [wellness@aura-astronomy.org](mailto:wellness@aura-astronomy.org) no later than **November 30, 2021**.
- Print clearly and keep a copy of all forms for your own records.

**TO BE FILLED OUT BY PARTICIPANT:**

<b>EMPLOYEE FIRST NAME</b>		<b>EMPLOYEE LAST NAME</b>	
<b>PARTICIPANT GENDER</b>	<b>DATE OF BIRTH (mm/dd/yyyy)</b>	<b>EMPLOYEE LOCATION</b>	
<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Tucson	<input type="checkbox"/> Kitt Peak <input type="checkbox"/> Boulder <input type="checkbox"/> Sunspot
<b>PHONE NUMBER</b>	<b>EMAIL</b>		

**Authorization to Release Medical Information**

I do hereby authorize the release of the following personal health information to the Wellness Council of Arizona for the purpose of confirming eligibility to receive my incentive.

**Participant Signature**

**Date**

Your personal health information, or PHI, is protected under the federal Health Insurance Portability and Accountability Act of 1996, or HIPAA, and will be kept secure by the Wellness Council of Arizona. The Wellness Council will notify your employer when you have completed this component satisfactorily. Your employer will not have access to your legally protected PHI. The Wellness Council will act as the confidential record keeper of the wellness incentive program on behalf of your employer.

**TO BE FILLED OUT BY THE PHYSICIAN OR HEALTHCARE PROVIDER**

<b>Exam</b>	<b>EXAM DATE</b>	<b>PHYSICIAN SIGNATURE &amp; DATE</b>
<input type="checkbox"/> Annual Flu Vaccine		

To be completed by WELCOAZ Staff:			
Date Received	Date Confirmed	Date Entered	Date Complete
Notes			