

**2019 Employee Wellness Program
Flu Vaccination Affidavit Form
(100 points)**

Employee or Employee's Spouse Full Name: _____

This form shall serve as my affidavit that I completed my annual flu vaccination. I have attached a receipt/note from vaccine administrator below. Note that the flu vaccine had to be administered while covered under the Paterson Public School medical plan.

Please do NOT include any personal medical information with this form.

Employee/Employee Spouse Signature

This Flu Vaccination Form confirms that the individual named above received an annual wellness exam between January 1, 2019 and December 31, 2019.

DATE COMPLETED:	_____ Flu Vaccination
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Please attach receipt or vaccination proof here:

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives our information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

Forms should be completed and sent to ppswellbeing@cbiz.com no later than January 31, 2020. Points Award Distribution to be made December, 2019 for submissions received by November 30, and February, 2020 if submitted by January 31, 2020.

