

# Influenza Vaccine Verification Form

Advocate Aurora Health requires influenza vaccination of all team members working or volunteering for Advocate Aurora Health. Please help to verify that the team member listed below received the influenza vaccine.

**How to Verify your Vaccine (for AAH employed team members only):**

Please log into your TrackMy account to query your vaccine records **72 hours** after you have received your vaccine. In the event TrackMy is unable to verify your vaccination, you will receive further instructions on how to upload this document into TrackMy. Please use this QR code for instructions on how to access TrackMy and query your vaccination records.



**Please print legibly. To be completed by team member:**

Last Name:	First Name:
Employee ID:	Date of Birth:
Please check one: <input type="checkbox"/> Team Member (Employee on AAH Payroll including Employed Physicians) <input type="checkbox"/> Non-Employed Credentialed Staff <input type="checkbox"/> DCI Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (describe position):	

**Please print legibly. To be completed by vaccine administrator:**

Place of Business Where Vaccine was Administered:	
Date of Vaccination:	Type of Vaccination:
Vaccine Manufacturer:	Lot Number:
Signature of Person who Administered Vaccine:	

*Please submit all completed forms and documentation to:*

- **Team members and employed providers** who received their influenza vaccine outside of AAH, please keep this document for your records in the event that Employee Health will need to review it
- **Wisconsin Non-Employed Credentialed Staff:** If you received your flu vaccine outside of AAH Employee Health, please manually upload this document into your TrackMy account
- **Illinois Non-Employed Credentialed Staff:** If you received your flu vaccine at AAH Occupational Health or outside of AAH, please manually upload this document into your TrackMy account
- **Volunteers:** If you received your flu vaccine outside of AAH Employee Health, please submit documentation to the Volunteer Services department at your site
- **Contracted Staff:** Please email this form to [diversifiedcare@aah.org](mailto:diversifiedcare@aah.org)