

Employee ID: \_\_\_\_\_

## Flu Vaccine Administration Record

If you are receiving your flu vaccine from an Outside Provider, please ask them to document all required information listed below.

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Flu Vaccine Name: \_\_\_\_\_

LOT Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Site Given: \_\_\_\_\_

Given By: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Clinic Name and Office Stamp: \_\_\_\_\_

**\*\*Employee must submit this completed form with signature to <https://eeh.pushbot.com/form/vaccine-reporting>  
before: December 1<sup>st</sup>, 2022\*\***