



2026 Employee Wellness Program Flu Vaccination

Employee / Spouse – Full Name: _____

Date of completed vaccine: _____

- Only one flu vaccination per calendar year is eligible for credit.
- Vaccination must be administered between January 1 – December 31, 2026.
- Do not include any personal medical details on this form.
- Incomplete forms will result in point removal.
- Upload the completed form to beBetterHealth.net by December 31, 2026.

Employee / Spouse Attestation:

I certify that the information provided is true and accurate. I understand that falsification may result in disciplinary action, up to and including termination, and that I may be audited and required to provide proof of appointment.

Signature

Date

Include vaccination proof here.

Place your vaccine card here.
Take a picture of this form with the vaccine card together as one page.
Upload to www.bebetterhealth.net as proof of completion.

Confidentiality: Health information will not be sold or disclosed except as permitted by law to administer the wellness program. Participation is voluntary and does not require waiving confidentiality protections.