

It's time for your flu shot!

The Norton Healthcare Employee Flu Vaccination Campaign is Oct. 3 to 23.



Protect yourself, your patients, your co-workers and your family

All employees must get a flu shot unless you have a medical reason that prevents it. To decline, you must submit a declination form signed by a licensed medical provider to Employee Health by Oct. 23 at 3:30 p.m.

There are three convenient ways to get your free vaccination from Norton Healthcare:

- 1 At any Employee Health office, Monday through Friday, 7 a.m. to 3:15 p.m.
- 2 At a stationary flu shot cart in some facilities, 6 a.m. to 8 p.m. daily
- 3 From the roaming flu shot cart at your facility, 6 a.m. to 8 p.m.

Beginning Oct. 3, you can call the Flu Shot Information Line at (502) 446-SHOT (7468) to hear your campus vaccination schedule.

Getting your flu vaccination at work is easy and quick. Simply show your ID badge and provide your AHSN.

New in 2017!

When you get your vaccine at Norton Healthcare:

- You can initial the consent form to have your vaccination confirmation added to your medical record at your Norton Healthcare primary care provider's office.
- You will receive an email confirmation of your vaccination minutes after receiving your flu shot.

You may choose to be vaccinated elsewhere, such as at a retail clinic. If you do so, you must submit written proof of your vaccination to Employee Health by Oct. 23 at 3:30 p.m. You have three options:

- Scan and email it to fluproof@nortonhealthcare.org.
- Fax it to (502) 629-8118.
- Deliver it in person to any Employee Health office.

You also must provide a copy of your vaccination confirmation to your Norton Healthcare primary care provider, if you have one.

October 2017						
SUN	MON	TUE	WED	THU	FRI	SAT
1	2	3	4	5	6	7
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29	30	31				

**Don't wait until the last minute!
Plan now to be vaccinated by Oct. 23.**

Go to **Nsite** to find all the information you need. From the home page, click on Departments, then Employee Health. The 2017 Flu Vaccination box contains links for the following:

- Frequently asked questions
- Declination forms
- Flu cart schedule
- Instructions for providing proof of vaccination

DATE: _____ RN/LPN/MA NAME _____ SIGNATURE/AHSN: _____

Circle One

Please Print

AHSN NUMBER	PRINT NAME	SIGNATURE By signing, I certify that I have had opportunity to read the VIS (8/7/15) and understand the benefits, risks, potential side effects and adverse reactions. All questions have been answered to my satisfaction and I give my consent for vaccination.	If you have a NMG provider PLEASE INITIAL and include DOB if you agree to have your flu vaccine entered into your NORTONMYCHART medical record	DATE OF BIRTH MO/DATE/YEAR	SITE DELTOID
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Entered by (Print Name/Signature): _____ / _____ Date entered: _____

Scan to fluproof@nortonhealthcare.org or fax to 629-8118

Scanned or Faxed to EHS (Date/Initials): _____ / _____