Private Employer Influenza and COVID-19 Vaccination Program (Private Employer Program) **Confirmation of Immunization Administration Form**

This is to confirm that \_\_\_\_\_\_\_\_ (please enter number of COVID-19 vaccines given) COVID-19 vaccines were administered and \_\_\_\_\_\_\_\_ (please enter number of Influenza vaccines given) Influenza vaccines were administered on \_\_\_\_\_\_\_\_\_\_\_\_ (please enter date of vaccine clinic).

Signature of Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Signature of Contracted Immunizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**\*Please note that this form must be filled out, signed by both parties on the date of the vaccine clinic, scanned, and returned to** [**OmPrakashYadav@gov.nl.ca**](mailto:OmPrakashYadav@gov.nl.ca) **in order for employers to be reimbursed under Option 2 of the Private Employer Program.**