

Ottawa County Commissioners'
Group Health Program - Premium Year 2021
Flu Shot Verification

In order to qualify for the Group Health Program premium discount beginning January 1, 2021, This employee/spouse has chosen to get a Flu Shot by November 13, 2020.

Employee/Spouse Name _____

Date of Flu Shot _____

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I hereby certify that the above patient has received a Flu Shot

Provider Signature _____ Date _____

****PLEASE SUBMIT to Louise Kurtz in person or scan and email to lkurtz@co.ottawa.oh.us
Please contact us at 419-734-6710 for questions regarding the preventive health visit.**

***If you choose to have this form signed by provider in lieu of providing a copy of your explanation of benefits you will not be reimbursed for the cost (if any) of having the provider sign this form.