

NC/GA Students: Influenza Vaccine TrackMy Guide

Using [TrackMy Verivax](#)

If you have an existing TrackMy account, please use the blue “**Access TrackMy Verivax**” button to access your TrackMy account. If you do not have an existing TrackMy account, follow the instructions on page 2



Create a Profile

If you do not have an existing TrackMy account, please use these instructions



Complete your Survey/Consent

If you plan to receive your flu vaccine through Teammate Health, you must complete your survey and consent prior to your appointment



Schedule your Vaccine Appointment



Complete an Accommodation Request *(optional)*



Print your Vaccine Record

If you need TrackMy support, please submit a ticket using this [link](#).

Please note, support requests are responded to within 48 business hours and the emails may go to your spam folder.



Create a Profile

Using [TrackMy Verivax](#)

1

If you do not have a previous TrackMy account, navigate to [AAH.trackmyverivax.com](#) and click on “Register”

2

Enter the registration key **25SESTUDENT**

3

Fill in the required fields and other information sections. When finished, select the blue “Register” button



Survey/Consent Completion

Using [TrackMy Verivax](#)

If you agree to receive your vaccination through Teammate Health or a Vaccine Champion, you must complete your survey/consent prior to your appointment.

1

To complete your annual influenza survey and consent, select the “**Forms and Consents**” tile.



Forms and Consents

2

Select the Start button to begin.

Survey and Immunization Consents

Flu Immunization Survey and Consent

Not Complete

Start

3

Select the option that applies to you.

Please Complete the Survey Questions

Please select the options that best describes your situation:

- ☐ I agree to receive the seasonal flu vaccination.
- ☐ I already received the seasonal flu vaccination and can provide documentation.
- ☐ I am requesting an exemption from the seasonal flu vaccination.



Survey/Consent Completion

Using [TrackMy Verivax](#)

Please Complete the Survey Questions

Provided Vaccine Information Documents

[Vaccine Information Statement: Inactivated Influenza Vaccine \(cdc.gov\)](#)

I certify that I have read the Influenza Vaccine Information Statement.

☐ Yes ☐ No ☐ Unsure

Are you feeling ill today or have a temperature over 100.4?

☐ Yes ☐ No ☐ Unsure

Has a doctor ever told you that you had 'Guillain-Barre Syndrome' GBS - a paralyzing nerve disease?

☐ Yes ☐ No ☐ Unsure

Do you react to Thimerosal (a mercury derivative)?

☐ Yes ☐ No ☐ Unsure

Have you ever had a severe allergic reaction to any egg?

☐ Yes ☐ No ☐ Unsure

Flu - Acknowledgment to Receive Vaccine:

I agree to receive the seasonal flu vaccination. I hereby certify that I have carefully read the seasonal flu survey, that I understand it, and that the information given is complete, true, and accurate to the best of my knowledge. I understand that the falsification or misrepresentation of any of the information, or the failure or neglect to disclose any of the information may be grounds for termination from this program, regardless of when such falsification, misrepresentation, failure, or neglect may be discovered. TYPE YOUR NAME BELOW TO CONSTITUTE AN ELECTRONIC SIGNATURE THAT IS REQUIRED BY LAW:

Type your name below to constitute an electronic signature that is required by law:

☐ I agree to the above statement

4

Acknowledge you have reviewed the VIS document, and then proceed to fill in the survey. Complete consent by typing your name and checking the Consent to Policy box.

5

You can view your submission at any time in the Forms and Consents tile.

Survey and Immunization Consents

Flu Immunization Survey and Consent

Complete

[View](#)

*If you plan to receive your Influenza vaccination from a Teammate Health clinic, please schedule your appointment by using the **Go-to Appointments** tile.*



Appointment Scheduling

Using [TrackMy Verivax](#)

The vaccine clinic schedules will open in early September

1

To schedule your appointment with a Teammate Health clinic, select **Go-to Appointments** tile.



Go-to Appointments

2

Select the **Locations** tile and choose the location in which you would like to receive your vaccine



Services



Locations

3

Select the **Flu Vaccination** tile

Appointment Type:

What type of Appointment are you looking for?



Flu Vaccination



Appointment Scheduling

Using [TrackMy Verivax](#)

Date & Time:

Select Appointment Date & Time

[< Previous Week](#)

[Next Week >](#)

Mon, 8/19/2024

8:30 am ^{0/3}

9:00 am ^{0/3}

9:30 am ^{0/3}

2:00 pm ^{0/3}

2:30 pm ^{0/3}

3:00 pm ^{0/3}

Tue, 8/20/2024

8:30 am ^{0/3}

9:00 am ^{0/3}

9:30 am ^{0/3}

10:00 am ^{0/3}

10:30 am ^{0/3}

11:00 am ^{0/3}

1:00 pm ^{0/3}

1:30 pm ^{0/3}

2:00 pm ^{0/3}

2:30 pm ^{0/3}

3:00 pm ^{0/3}

Wed, 8/21/2024

8:30 am ^{0/3}

9:00 am ^{0/3}

9:30 am ^{0/3}

10:00 am ^{0/3}

10:30 am ^{0/3}

11:00 am ^{0/3}

1:00 pm ^{0/3}

1:30 pm ^{0/3}

2:00 pm ^{0/3}

2:30 pm ^{0/3}

3:00 pm ^{0/3}

Thr, 8/22/2024

8:30 am ^{0/3}

9:00 am ^{0/3}

9:30 am ^{0/3}

10:00 am ^{0/3}

10:30 am ^{0/3}

11:00 am ^{0/3}

1:00 pm ^{0/3}

1:30 pm ^{0/3}

2:00 pm ^{0/3}

2:30 pm ^{0/3}

3:00 pm ^{0/3}

4

Choose your
appointment
date and time

Who:

Appointment # 1

Appointment Date: Wed, August 21, 2024

Appointment Time: 8:30 AM America/Indianapolis

Notification By: **Email**

[Change](#)

Please Select who is appointment for:

Please confirm your information:

Email *

First Name *

Last Name *

Date of Birth *

5

Confirm your information is
correct and select "Finished".

[Finished](#)

*You will receive a confirmation email upon scheduling your appointment. Please use **Go-to Appointments** tile to modify the appointment if needed.*



Request a Flu Accommodation

Using [TrackMy Verivax](#)

1

To submit an accommodation request, select the **"Accommodations and Declinations"** tile.



Accommodations
and Declinations

2

Select **"Request Accommodation"** to begin.

Request Accommodation

3

Select the type of accommodation you are requesting.

Please select which type of accommodation you are requesting.

Medical

Religious

[Close](#)

4

Answer the questions provided and select submit.

Success!

Your Accommodation Request has successfully been submitted.

Please return to your Accommodation tile to view the status of your request.

[Close](#)

5

You can view the status of your request at anytime by returning to the **"Accommodations and Declinations"** tile.

Religious - Influenza

Pending

2023-08-08

[Edit Case](#)

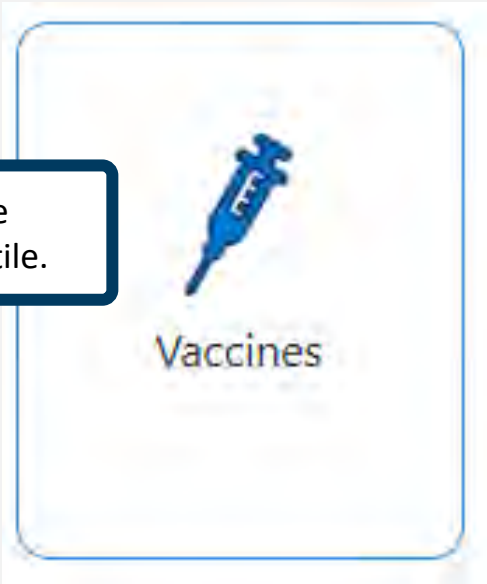


Print your Vaccine Record

Using [TrackMy Verivax](#)

1

Select the
“Vaccines” tile.



2

Select the + button next to
“Influenza”. Then click on
“**Download Vaccine Record**”. The
record will download to your
computer as a PDF.



⊖ Influenza

Vaccine Description	CVX Code	Dose Date	Source	Status	Vaccine Documents
Influenza, seasonal, injectable, preservative free	140	2024-10-10	Wisconsin	Verified	
influenza, injectable, quadrivalent, preservative free	150	2022-10-28	Wisconsin	Verified	Download Vaccine Record