

Influenza Vaccination Form 2016-2017

UNIVERSITY HEALTH CENTER

Last Name (printed)	First (printed)	Middle Initial	UNL Student: NU ID #	
Telephone	Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
Address	City		State	Zip

Please answer the following questions:

1. Are you sick today? Yes No
2. Do you have an allergy to eggs or to a component of the vaccine? Yes No
3. Have you ever had a serious reaction to influenza vaccine in the past? Yes No
4. Have you ever had Guillain-Barre syndrome? Yes No

I have read or had explained to me the information on the Influenza [Vaccine Information Statement](#) dated 08/07/15. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the influenza vaccine and ask that the vaccine be given to me, or to the person named above for whom I am authorized to make this request. I understand that this vaccination cannot be billed to my insurance and the Health Center will not be able to provide me an insurance ready form. I will be responsible for the entire charge. I understand that there is no charge to UNL students.

→ _____
Signature of patient/parent/guardian or 2 witnesses if patient is under 19 and POA or COT not available _____ Date

If you are a student 18 or younger, please bring a copy of a POA form if has not already been provided to the UHC. POA form is available here. <http://health.unl.edu/forms/PowerofAttorney.pdf>

STAFF USE ONLY If under 19: COT Signed POA Signed Parent/Guardian consent by phone

<input type="checkbox"/> UNL STUDENT - No Charge	NON UNL STUDENT \$35.00 payment <input type="checkbox"/> CASH or <input type="checkbox"/> CHECK		
Influenza Vaccine Fluzone Quadrivalent Dosage/ Manufacturer/Lot Number	Circle Site of Injection	Date Dose Administered	Signature of person administering vaccine
Dosage 0.5 mL Sanofi Pasteur Lot# UI683AA Expires June 30, 2017	L / R Deltoid IM		