

CONSENT 2009-10 SEASONAL INFLUENZA VACCINATION

PLEASE PRINT

Last Name	First	Middle	Date of Birth
Telephone	Do you work for the University of Nebraska? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

Please answer the following questions:

1. Have you ever had a serious allergic reaction to eggs or a previous dose of influenza vaccine? Yes No

2. Are you sick right now with a fever or other symptoms? Yes No

I have read or had explained to me the information on the Influenza Vaccine Information Statement (08/11/09). I have had a chance to ask questions and these 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.

X _____ _____
Signature of person to receive vaccine or person authorized to make the request *Date*

The 2009-10 influenza vaccine contains the following strains:
A/Brisbane/59/2007
A/Uruguay/716/2007
B/Brisbane/60/2008

(STAFF USE ONLY) \$20 Payment: Cash Check NCard

Manufacturer & Lot #: GSK AFLLA255BB Expires: May 2010 Dosage: 0.5 mL

IM Deltoid Site Given: Left Right

Administered by _____ Date _____