

**FOR UNL STUDENTS**  
**CONSENT 2009-10**  
**SEASONAL INFLUENZA VACCINATION**

**PLEASE PRINT**

Last Name	First	Middle	Date of Birth
Local Address		City	State Zip
Telephone	NU ID#	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.

X \_\_\_\_\_  
*Signature of person to receive vaccine* *Date*

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

**COMPLETE ONLY IF YOU HAVE BLUE CROSS BLUE SHIELD INSURANCE**

Insurance ID#	Member # of Patient
Name of Policy Holder	Policy Holder Date of Birth
Policy Holder's Address _____	
City _____	State _____ Zip _____

<b>(STAFF USE ONLY)</b>	\$20 Payment: <input type="checkbox"/> BC/BS <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> NCard	<small>submitted to</small>	
Manufacturer & Lot #: GSK AFLLA255BB Expires: May 2010		Dosage: 0.5 mL	
IM Deltoid Site Given: <input type="checkbox"/> Left <input type="checkbox"/> Right			
Administered by _____		Date _____	