University Health Center
1500 U Street
Lincoln, NE 68588
(402) 472-5000
health.unl.edu

For individuals under age 18

CONSENT 2009-10
SEASONAL INFLUENZA VACCINATION

PLEASE PRINT

Last Name	First	Middle	Date of Birth
Telephone			Gender ☐ Male ☑ 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 #: Sanofi Pasteur U3204AA Expires: June 2010

- Dose: 3 years and older: 0.50 mL IM Deltoid Site Given: ☐ Left ☐ Right
- Dose: 6 months - 35 months: 0.25 mL IM Site Given: ☐ Left Deltoid ☐ Right Deltiod ☐ Left Thigh ☐ Right Thigh

Administered by _____ Date _____