

University Health Center Student Influenza Vaccination Form 2021-2022

Last Name (printed)	First Name (printed)	Middle Initial	NU ID#
Phone Number	Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Address		City	State ZIP Code
Email <input type="checkbox"/> By checking this box, I agree to receive health and wellness email communications from Nebraska Medicine. I understand that I will have the option to unsubscribe at any time.			

Please answer the following questions:

- | | | |
|---|------------------------------|-----------------------------|
| 1. Are you 18 years or younger? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Are you sick today with a moderate to severe illness (e.g. fever)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you ever been diagnosed with Guillain-Barre syndrome? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever had a serious allergic reaction to eggs? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you had a serious reaction to any vaccine in the past? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

I have read or had explained to me the information on the Influenza Vaccine Information Statement dated 8/6/21. 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. I understand that there is no charge to University of Nebraska-Lincoln students.

Signature of patient

Date

STAFF USE ONLY

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

Influenza Vaccine FLUARIX Quadrivalent Dosage/Manufacturer/Lot Number	Site of Injection	Signature of person administering vaccine	Date Dose Administered
Dosage 0.5 mL GSK Expires 06/30/22 Lot # 5X7J5	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		