

University Health Center
 Student Influenza Vaccination Form
 2023-2024



Last Name (printed)		First Name (printed)		Middle Initial	NU ID#
Date of Birth	Age	Gender		Are you a current UNL or UNMC student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	Local Address in Lincoln, NE			ZIP Code	

Email 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

POA Signed

If under 19: 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 Lot # DR4S2 Expires 06/30/2024	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		