

**University Health Center  
Student Influenza Vaccination Form  
2022-2023**



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**

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 06/30/2023 Lot # M3R5B	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		