

Last Name (printed)	First Name (printed)	Middle Initial	NU ID# Are you a current UNL student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Number	Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Address	City		State      ZIP Code

***Please answer the following questions:***

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you 19 years or older?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Do you feel sick today?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Have you had Guillain-Barre syndrome?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Have you ever had an allergic reaction to chicken eggs?                          | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Have you had a reaction to a flu shot before?                                    | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Are you allergic to Thimerosal (merthiolate) or Mercury (contact lens solution)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7. Are you allergic to latex or do you have a latex sensitivity?                    | <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 08/07/15. 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 or to the person named above for whom I am authorized to make this request. I understand that this vaccination cannot be billed to my insurance and the University Health Center will not be able to provide me an insurance ready form. I will be responsible for the entire charge. I understand that there is no charge to University of Nebraska-Lincoln students.

\_\_\_\_\_  
*Signature of patient*

\_\_\_\_\_  
*Date*

<b>University of Nebraska Student</b>  <input type="checkbox"/> No Charge	<b>Other</b> <b>\$35 payment</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHECK payable to Nebraska Medicine		
<b>Influenza Vaccine FLUARIX Quadrivalent</b> <b>Dosage/Manufacturer/Lot Number</b>  Dosage 0.5 mL GSK Lot # 7457Z; Expires 06/30/19	<b>Site of Injection</b>  <input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM	<b>Signature of person administering vaccine</b>	<b>Date Dose Administered</b>