University Health Center Student Influenza Vaccination Form 2020-2021

Last Name (printed)	First Name (printed)	Middle Initial	NU ID#

Phone Number	Date of Birth	Age	Gender	Are you a current UNL student?
			☐ Female ☐ Male	☐ Yes ☐ No

Address	City	State	ZIP Code

Please answer the following questions:

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

I have read or had explained to me the information on the Influenza Vaccine Information Statement dated 08/15/19. 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 06/30/21** **Lot # Z7275**	☐ **Right Deltoid IM** ☐ **Left Deltoid IM**		