

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 <input type="checkbox"/> Female <input type="checkbox"/> Male
			Are you a current UNL student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State ZIP Code

Please answer the following questions:

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|---|------------------------------|-----------------------------|
| 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 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 # B223P	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		