

Student Influenza Vaccination Form 2025-2026



Legal name: _____
First Middle Last (family/surname)

Preferred name: _____ Date of birth: _____ Age: _____
Month Day Year

Are you a current UNL or UNMC student? ☐ Yes ☐ No NUID number: _____

Sex: ☐ Male ☐ Female ☐ Prefer not to say Phone number: _____

Local address in Nebraska: _____
Address, City, State, and Zip Code

Email: _____

☐ Check this box to be entered in a drawing for a chance to win a \$25 Starbucks gift card. Winners will be randomly selected and contacted via email to claim their prize.

☐ 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.

1. Are you **18 years old 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 1/31/25. 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 ☐ Consent by phone: Parent/guardian: _____
Relationship: _____

Influenza Vaccine FLUARIX Trivalent Dosage/Manufacturer/Lot Number	Site of Injection	Signature of person administering vaccine	Date Dose Administered
Dosage 0.5 mL GSK Lot # 7CF5M Expires 06/30/2026	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		