

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 # ES4H5 Expires 06/30/2026	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		