

Legal name: _____
First Middle initial 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 address: _____

☐ 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.

Are you 18 years old or younger? ☐ YES ☐ NO

Are you sick today with a moderate to severe illness (e.g. fever)? ☐ YES ☐ NO

Have you ever been diagnosed with Guillain-Barre syndrome? ☐ YES ☐ NO

Have you ever had a serious allergic reaction to eggs? ☐ YES ☐ NO

Have you had a serious reaction to any vaccine in the past? ☐ YES ☐ NO

How did you hear about the flu shot clinic? _____

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:			Name: _____ 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 # DF5G7 Expires 06/30/2027	☐ Right Deltoid IM ☐ Left Deltoid IM		