

# UNO Health Center Influenza Vaccination Form 2023-24



Last Name (printed)		First Name (printed)		Middle Initial	NU ID#
Date of Birth (Month/Day/Year)	Age	Gender		Are you a current UNO student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Phone Number	Local Address			ZIP Code	
Email (required) <input type="checkbox"/> 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.					

**Please answer the following questions:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Are you 19 years or older?   | <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 8/6/21. 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-Omaha students.*

\_\_\_\_\_  
Signature of patient \_\_\_\_\_  
Date

**STAFF USE ONLY**

If under 19:  COT Signed  POA Signed  Consent by phone: Parent/Guardian: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Caller's initials: \_\_\_\_\_

Influenza Vaccine FLUARIX Quadrivalent Dosage/Manufacturer/Lot Number	Site of Injection	Signature of person administering vaccine	Date Dose Administered
Dosage 0.5 mL GSK Lot # Y7425 Expires 06/30/2024	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		