**UNO Health Center**  
**Influenza Vaccination Form 2020-21**

<table>
<thead>
<tr>
<th>Last Name (printed)</th>
<th>First Name (printed)</th>
<th>Middle Initial</th>
<th>NU ID#</th>
</tr>
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<thead>
<tr>
<th>Phone Number</th>
<th>Date of Birth</th>
<th>Age</th>
<th>Gender</th>
<th>Are you a current UNO student?</th>
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<td>Yes</td>
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<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
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### Please answer the following questions:

1. Are you 19 years or older?  
   - 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 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-Omaha students.

**Signature of patient**  
**Date**

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**STAFF USE ONLY**

If under 19:  
- COT Signed  
- POA Signed  
- Parent/Guardian consent by phone

### Influenza Vaccine Information

**FLUARIX Quadrivalent**

- **Dosage/Manufacturer/Lot Number**:  
  - Dosage 0.5 mL  
  - GSK  
  - Lot # N97L7; Expires 06/30/21

<table>
<thead>
<tr>
<th>Site of Injection</th>
<th>Signature of person administering vaccine</th>
<th>Date Dose Administered</th>
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<tbody>
<tr>
<td>□ Right Deltoid IM</td>
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<tr>
<td>□ Left Deltoid IM</td>
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Last revised: 09-16-20