



UNO Health Center Influenza Vaccination Form 2021-22

Last Name (printed)	First Name (printed)			Middle Initial	NU ID#	
Phone Number	Date of Birth	Age	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other _____		Are you a current UNO student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City			State	ZIP Code

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 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 Parent/Guardian consent by phone

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 # 3A7CG Expires 6/30/22	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		