



## UNO Health Center Influenza Vaccination Form 2020-21

Last Name (printed)	First Name (printed)		Middle Initial	NU ID#	
Phone Number	Date of Birth	Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	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?   | <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 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*

### 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 # N97L7; Expires 06/30/21	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		