



Last Name (printed)	First Name (printed)	Middle Initial	NU ID#
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Please answer the following questions:

1. Are you a current UNO student? YES NO
2. Are you 19 years or older? YES NO
3. Do you feel sick today? YES NO
4. Have you had Guillain-Barre syndrome? YES NO
5. Have you ever had an allergic reaction to chicken eggs? YES NO
6. Have you had a reaction to a flu shot before? YES NO
7. Are you allergic to Thimerosal (merthiolate) or Mercury (contact lens solution)? YES NO
8. Are you allergic to latex or do you have a latex sensitivity? 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 or to the person named above for whom I am authorized to make this request. I will be responsible for the entire charge. I understand that there is no charge to University of Nebraska-Omaha students.

Signature of patient

Date

STAFF USE ONLY

University of Nebraska Student No Charge	Other \$35 payment <input type="checkbox"/> CASH <input type="checkbox"/> CHECK payable to Nebraska Medicine		
Influenza Vaccine FluLaval Quadrivalent Dosage/Manufacturer/Lot Number	Site of Injection	Signature of person administering vaccine	Date Dose Administered
Dosage 0.5 mL GSK Lot # 992G3; Expires 06/25/20	<input type="checkbox"/> Right Deltoid IM <input type="checkbox"/> Left Deltoid IM		