UNO Health Center
Influenza Vaccination Form 2019-2020

<table>
<thead>
<tr>
<th>Last Name (printed)</th>
<th>First Name (printed)</th>
<th>Middle Initial</th>
<th>NU ID#</th>
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</table>

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

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<tr>
<th>University of Nebraska Student</th>
<th>No Charge</th>
<th>Other $35 payment</th>
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<tr>
<td></td>
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<td>□ CASH □ CHECK payable to Nebraska Medicine</td>
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Influenza Vaccine FluLaval Quadrivalent Dosage/Manufacturer/Lot Number

Dosage 0.5 mL
GSK
Lot # 992G3; Expires 06/25/20

Site of Injection

☐ Right Deltoid IM
☐ Left Deltoid IM

Signature of person administering vaccine

Date Dose Administered

Last revised: 09-27-19