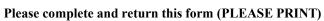
## **Respiratory Syncytial Virus (RSV)**

## **Vaccination Consent Form and Record**





	PERSO	NAL INFORMATION:		
	1/31/25 Vaccine	PATIENT NAME:		
	Information Statement	DATE OF BIRTH: Phone #	Phone #	
•	Please scan and read.	ADDRESS:		
	Paper version available by request.	Primary Physician:		
	Please circle Ye	s or No to each question below:		
1. Are you 60 + yo	ears of age? If you are, skip to qu		Yes	No
1a. Are you 50-59 years of age and at an increased risk for RSV? Risk factors include chronic heart or lung disease; weakened immune system; certain other medical conditions, including severe obesity and severe diabetes; live in a nursing home or other LTC facility.				No
2. Have you had an RSV vaccine in the past? Current CDC recommendations are one-time only.			Yes	No
3. Are you currently sick with a fever, vomiting or diarrhea?			Yes	No
4. Are you allergic to messenger ribonucleic acid (mRNA), lipids (PEG 2000 DMG, cholesterol, and DSPC), tromethamine, tromethamine hydrochloride, acetic acid, sodium acetate trihydrate, mannitol, polysorbate 80, sodium chloride or sucrose?				No
5. Have you ever had a serious reaction to any vaccine which required medical care?			Yes	No
6. Are you taking any blood-thinning medications (i.e. aspirin, warfarin, etc)?			Yes	No
7. Have you ever fainted or felt dizzy after receiving a vaccine?			Yes	No
8. Have you ever had Guillain-Barre syndrome?			Yes	No
9. Are you allergic to Latex?			Yes	No
10. Do you have an immunocompromising condition (e.g. cancer, leukemia, lymphoma, HIV/AIDS, transplant) functional, or anatomic asplenia, CSF leak or cochlear implant or take a medication (e.g., steroids or chemotherapy) that lowers the body's resistance to infection?				No
11. Are you pregnant or nursing?				No
12. Please let us know if you have close contact with anyone who has a weakened immune system and must be in a protective environment (eg, an individual who has had a bone marrow transplant).			Yes	No
13. Have you received a vaccine within the past 30 days? If yes, what vaccine?			Yes	No
		and/or 1a, you are not eligible to receive the RSV vaccine, 3,4,5 or 7 you should not receive the RSV vaccine.	e.	
I have been given the Cand have no further quant the RSV vaccine and a possible side effects, wand consent to emerge	Centers for Disease Control and Proceedings of the Control and Proceedings of the Proceedings of the Control and Proceedings	revention Vaccine Information Sheets. I have read these d benefits of the vaccine. I request and voluntarily considered been made concerning the vaccine's success. I under ld be taken into consideration prior to administration of	ent to re stand th	eceive ie
Patient Signature or POA signature & name:Date:				
Vaccine ABRYSVO®	Manufacturer Pfizer Inc.  VIS Date 01/31/2025	for Clinic Use Only         Exp Date         Site/Route           LD IM         RD         II		sage Vo 0.5 mL
ignature of Vaccine Ad	lministrator:	Administration Date:		
gnature or vaccine Au		Auministration Date:		