

RSV Vaccine Screening & Consent Form

You must remain in the clinic area 15 minutes after the vaccination is given.

Last name: _____First name: _____

Date of birth: _____ yyyy / mm / ddAge: _____

Complete address: number _____ street _____ city _____ province _____ postal code _____

Telephone number: (_____) _____

Answer the questions about your medical history. If you answer “yes”, briefly describe.

1. Are you feeling sick? Any fever?	☐ No ☐ Yes: _____
2. Have you ever had the RSV vaccine before?	☐ No ☐ Yes ¹ Date: _____
3. Have you ever had a reaction to a vaccine before?	☐ No ☐ Yes: _____
4. Have you received a stem cell or organ transplant in the last 3 months?	☐ No ☐ Yes ² : _____
5. Do you have any allergies to foods or medications?	☐ No ☐ Yes: _____
6. Do you have an allergy to a component of the RSV vaccine being administered? (e.g. polysorbate 80 or Polyethylene Glycol (PEG) etc)?	☐ No ☐ Yes: _____
7. Do you have a bleeding disorder, or are you receiving longer-term anticoagulation?	☐ No ☐ Yes: _____
8. If yes to question 7, is it well managed?	☐ No ☐ Yes ☐ NA
9. Have you ever felt faint or fainted after receiving a vaccine or medical procedure, or do you have a fear of injections/needles	☐ No ☐ Yes: _____
10. Do you have a chronic medical condition affecting your immune system?	☐ No ☐ Yes: _____

¹ If an individual has previously received a dose of RSV vaccine, they should not receive another dose this season as booster doses are not currently recommended.

² RSV vaccine should be administered at least 3-6 months post-transplant.

I have read the information about the RSV vaccine provided to me in the Ottawa Public Health RSV Vaccine Fact Sheet. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefit and risks associated with this vaccine. I give consent to _____ to administer the RSV vaccine.

Signature: _____ Date: _____

Are you consenting on behalf of someone else? ☐ No ☐ Yes

If yes, Legal Guardian full name: _____ Relationship: _____

Legal Guardian phone number: (_____) _____

For Clinic Use Only

I have used two client identifiers, and the client has no contraindications to receiving the RSV vaccine based on the review of all screening questions. I have also verified that this client is eligible for the vaccine that they are receiving.

Initials & Designation: _____

<u>Vaccine</u>	<u>Site</u>	<u>Lot Number and Expiry</u>
☐ AREXVY® (0.5mL/IM) ☐ ABRYSSVO® (0.5mL/IM)	☐ Left Deltoid ☐ Right Deltoid ☐ Other: _____	Lot Number: _____ Expiry: _____
Date & Time of Administration: YYYY/MM/DD HH:MM		
Signature & Designation:		

Clinical notes (date and time):

Signature & Designation _____

For Data Entry Use Only

☐ Data Entry in Panorama Complete Signature: _____ Date: _____

☐ Data Entry in Panorama Complete Signature: _____ Date: _____