



PATIENT RSV VACCINE CONSENT FORM:

Circle Shot requested: Arexvy RSV Vaccine

Today's date: _____ Medicare #: _____

Patient Name _____

Date of Birth: ___/___/___ Age: _____ Sex: M F Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Current Insurance Information (all of this information can be found on your drug insurance card):

(OR—attach a photocopy of the front and back of insurance card)

Rx Bin: _____

Rx PCN: _____

Rx Group: _____

Rx ID Number: _____

Emergency Contact:

Name: _____ Phone: _____

I understand the benefits and risks of the vaccination as described in the Vaccine Information Statement (VIS), a copy of which was provided with this Consent and Release. I request the vaccine be given to me or to the person named above for whom I represent that I am authorized to sign this Consent and Release.

I hereby authorize Hopkins Center Drug to bill my insurance on my behalf for the immunization and receive payment.

Patient or Legal Guardian Signature

Date

Screening Checklist for Contraindications to Vaccines for Adults

YOUR NAME _____

DATE OF BIRTH / /
month day year

For patients: The following questions will help us determine which vaccines you may be given today. If you answer "yes" to any question, it does not necessarily mean you should not be vaccinated. It just means we need to ask you more questions. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, a vaccine component, or latex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have any of the following: a long-term health problem with heart, lung, kidney, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on long-term aspirin therapy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a parent, brother, or sister with an immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had radiation treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you had a seizure or a brain or other nervous system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. In the past year, have you received immune (gamma) globulin, blood/blood products, or an antiviral drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever felt dizzy or faint before, during, or after a shot?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Are you anxious about getting a shot today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Vaccine: Arexvy by GSK Dose: 0.5ml VIS Date: 7/24/23

Lot #: _____ Exp. Date: _____

Route: IM Site: Left Deltoid Right Deltoid

Date Vaccine & VIS given: _____ Vaccinator: _____

Shared Clinical Decision-Making (SCDM) RSV Vaccination for Adults 60 Years and Older

- Respiratory syncytial virus (RSV) is a cause of severe respiratory illness across the lifespan. Each year in the United States, RSV leads to approximately 60,000-160,000 hospitalizations and 6,000-10,000 deaths among adults 65 years and older.
- Adults 60 years of age and older now have the option to receive one dose of RSV vaccine based on a SCDM process between a patient and their health care provider.
- Consider multiple factors when discussing RSV vaccination with your patients. SCDM recommendations are optional and are informed by whether the patient has any risk factors for severe RSV disease; a patient's risk of exposure to RSV; a patient's preferences for RSV vaccination; and the clinical discretion of the health care provider.

Underlying medical conditions associated with increased risk for severe RSV disease include:



Chronic lung disease
(e.g., COPD and
asthma)



Chronic kidney
disease



Moderate or severe
immunocompromise



Chronic cardiovascular
disease (e.g., CHF and
CAD)



Chronic liver
disease



Chronic hematologic
disorders



Chronic or progressive
neurologic or neuromuscular
conditions



Diabetes
Mellitus



Any underlying *condition*
that a provider determines
might increase the risk of
severe RSV disease

Other factors associated with **increased** risk for severe RSV disease include:



Frailty or advanced age,
as determined by the
healthcare provider



Residence in a
nursing home or
other long-term care
facility



Any underlying *factor*
that a provider determines
might increase the risk
of severe RSV disease

Other points to consider:

- Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in clinical trials. However, it is unclear whether the vaccine caused these events.
- Persons with history of severe allergic reaction (e.g., anaphylaxis) to any component of RSV vaccine should not receive the vaccine.

Additional Information:

CDC RSV Vaccine Information:
<https://www.cdc.gov/vaccines/vpd/rsv/index.html>

MMWR Report:

https://www.cdc.gov/mmwr/volumes/72/wr/mm7229a4.htm?s_cid=mm7229a4_w



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RSV (Respiratory Syncytial Virus) Vaccine: What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV is usually spread through direct contact with the virus, such as droplets from another person's cough or sneeze contacting your eyes, nose, or mouth. It can also be spread by touching a surface that has the virus on it, like a doorknob, and then touching your face before washing your hands.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults. Infants and older adults with chronic medical conditions like heart or lung disease, weakened immune systems, or who live in nursing homes or long-term care facilities, are at highest risk of serious illness and complications from RSV.

Symptoms of RSV infection may include runny nose, decrease in appetite, coughing, sneezing, fever, or wheezing. Most people recover in a week or two, but RSV can be serious, resulting in shortness of breath and low oxygen levels. RSV can also sometimes lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or congestive heart failure (when the heart can't pump enough blood and oxygen through the body).

Older adults and infants who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

CDC recommends **adults 60 years and older** may receive a single dose of RSV vaccine, based on discussions between the patient and health care provider.

RSV vaccine may be given at the same time as other vaccines.

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.



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4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported very rarely after RSV vaccination in clinical trials. It is unclear whether the vaccine caused these events.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at www.vaers.hhs.gov or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff members do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at www.fda.gov/vaccines-blood-biologics/vaccines
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call **1-800-232-4636 (1-800-CDC-INFO)** or
 - Visit CDC's website at www.cdc.gov/vaccines.

