Huron Perth Public Health

Panorama ID #: _____

RSV Immunization Consent Form - Adult

Use this form to request consent for receiving an RSV immunization.

RSV vaccine *recipient* information

1

First name: _____ Last name: _____

Address *(not P.O. Box)*: _____

City or Town: _____ Postal Code: _____

Daytime Phone #: _____ Health Card #: _____

Date of Birth: _____ Sex: M ☐ F ☐ Other ☐

Age: _____

Personal health information

This information is collected under the authority of the ***Health Protection and Promotion Act*** and the ***Personal Health Information Protection Act*** for the purpose of administering the RSV program and documenting in Panorama provincial immunization database.

2

Have you ever had a reaction to an immunization?	☐ No ☐ Yes
Do you have any serious allergies? *(Please discuss with the nurse)*	☐ No ☐ Yes
Do you have any serious health and/or immune system problems, or take medication for any serious health concerns?	☐ No ☐ Yes
Do you have a history of seizures, fainting or asthma?	☐ No ☐ Yes
Have you had an organ transplant (solid-organ or stem cell) within the last six months?	☐ No ☐ Yes
Are you pregnant? If yes, number of weeks. _____	☐ No ☐ Yes

If you answered yes to any of the above questions, please explain.

_____

_____

_____

Have you ever received an RSV vaccine? ☐ No ☐ Yes

Health history reviewed ☐ *(nurse's initials)*

Signature

(required)

I have read or had explained to me the information about the RSV vaccine. I have had the chance to ask questions and understand the answers provided to me.

3

☐ YES, I consent to receiving the RSV immunization indicated on this form. ☐ NO, I do not consent

_____ _____

Signature Print name

_____

Date of signature

☐ **Proxy consent:** If signing for someone other than myself, I confirm that I am the substitute decision maker.

Relationship to person receiving the vaccine: _____

To be completed by nurse

Notes:

_____

_____

_____

4

Vaccine: **Arexy** ☐ **Abrysvo** ☐ Dose: 0.5 ml IM Data entered ☐

Date	Time	Lot # | Expiry Date	Site	Initials
			L or R Deltoid IM	