

RSV VACCINE CONSENT FORM – 2023/2024

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

Last name: _____ First name: _____
 Date of birth: _____ / mm / dd Age: _____
 Complete address: number _____ street _____ city _____ province _____ postalcode _____
 Telephone number: (____) _____

Do you have a chronic medical condition? (please circle) No Yes If yes, specify: _____
 Do you have any allergies? (please circle) No Yes If yes, specify: _____

I have read the information about the RSV vaccine provided to me in the [Ontario Ministry of Health Respiratory Syncytial Virus \(RSV\) Fact Sheet for Vaccine Recipients](#). I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine.

Signature: _____ Date: _____

Are you consenting on behalf of someone else? (please circle) 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. **Initials & Designation:** _____

<u>Vaccine</u>	<u>Site</u>	<u>Lot Number and Expiry</u>	<u>Date & Time of Administration</u>
<input type="checkbox"/> Arexvy (0.5mL IM)	<input type="checkbox"/> Left Deltoid <input type="checkbox"/> Right Deltoid <input type="checkbox"/> Other: _____	Lot Number: _____ Expiry: _____	YYYY/MM/DD HH:MM

Signature & Designation: _____

Clinical notes (date and time): _____

Signature & Designation _____