CHET JOHNSON DRUG
Amery, Wisconsin

R

RSV (Respiratory Syncytial Virus) Vaccination

Please fill out the requested information completely:

1) Name: _____ Birthdate: _____

2) Which arm would you like to use? ☐ LEFT ☐ RIGHT

3) Allergies:

   ☐ No allergies

   ☐ Other vaccines or vaccine components: _____

   ☐ Other allergies: _____

4) Have you received any other vaccinations in the last month:

   ☐ No ☐ Yes (please list): _____

5) Are you currently experiencing any acute illness such as a cold, fever or other infection?

   ☐ No ☐ Yes (Please describe): _____

6) We will add a record of this vaccination to the Wisconsin Immunization Registry (WIR) to keep your records with your other health care providers up-to-date. You may decline to be added to WIR; it will then be your responsibility to notify your health care providers as needed.

   ☐ Do NOT submit a record of this vaccination to the Wisconsin Immunization Registry

7) Please sign and date:

Signature: _____ Date: _____

If you would like us to bill insurance for this vaccination, please provide your insurance card(s) with this form.