



# RSV (Respiratory Syncytial Virus) Vaccination (aka Arexvy)

Please fill out the requested information completely:

1) Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

2) Do you live in a nursing home or other long-term care facility<sup>1</sup>?  Yes  No

<sup>1</sup>Retirement communities and independent living communities for seniors are not considered long-term care facilities

3) Which arm would you like to use?  LEFT  RIGHT

4) Allergies:

No allergies

Other vaccines or vaccine components: \_\_\_\_\_

Other allergies: \_\_\_\_\_

5) Have you ever received an RSV vaccine:  No  Yes  Unknown

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

No  YES (Please describe): \_\_\_\_\_

7) Ages 60-74 years only: Do you have any of the following conditions which increase the risk of severe RSV? (Please read carefully and check ALL that apply):

- Cardiovascular disease (e.g., heart failure; coronary artery disease; congenital heart disease, excluding isolated hypertension),
- Lung disease (e.g., chronic obstructive pulmonary disease [COPD], emphysema, asthma, interstitial lung disease, cystic fibrosis),
- End stage renal disease or dependence on hemodialysis or other renal replacement therapy,
- Diabetes mellitus with end-organ damage (e.g., diabetic nephropathy, neuropathy, retinopathy, or cardiovascular disease),
- Severe obesity (body mass index  $\geq 40$  kg/m<sup>2</sup>),
- Liver disorders (e.g., cirrhosis),
- Neurologic or neuromuscular conditions (e.g., neuromuscular conditions causing impaired airway clearance or respiratory muscle weakness, excluding history of stroke without impaired airway clearance),
- Hematologic disorders (e.g., sickle cell disease, thalassemia),
- Moderate or severe immune compromise (either attributable to a medical condition or receipt of immunosuppressive medications or treatment),

#7 continued on back side

#7 continued:

- Frailty – described as a multidimensional geriatric syndrome and reflects a state of increased vulnerability to adverse health outcomes. Frailty can be defined as a clinical syndrome with three or more of the following symptoms present: unintentional weight loss (10 lbs [4.5 kg] in the past year), self-reported exhaustion, weakness (grip strength), slow walking speed, and low physical activity.
  - Other chronic medical condition or risk factor that a healthcare provider determines might increase the risk of severe disease due to respiratory infection (please explain) \_\_\_\_\_
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8) 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

9) 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.*