NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL
Governor

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

JOHANNE E. MORNE, M.S.
Acting Executive Deputy Commissioner

NYS Veterans Home at Batavia
Respiratory Syncytial Virus (RSV) VACCINATION CONSENT/DECLINATION FORM

Employee Name:
DOB:

I acknowledge that I have read or had explained to me about RSV. I have had a chance to ask questions which were answered to my satisfaction, (and ensured the person named above for whom I am authorized to provide surrogate consent was also given a chance to ask questions). I understand the benefits and risks of the vaccination as described. I understand that if I decline the vaccine, I may change my mind and request to be vaccinated later, with the understanding that the vaccine will be based on the availability of the RSV vaccine at that time.

_____ I wish to accept the RSV vaccination.

_____ I wish to refuse the RSV vaccination (or refuse for the person named above for whom I am authorized to make this request). I understand that I may change my mind and request to be given the booster later. I acknowledge that in making this decision I have had a chance to ask questions and that such questions were answered to my satisfaction.

_____ Date: _____
Signature

_____ Date: _____
Legal Representative PRINT/ Signature

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Employee Name:

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Not all individuals requesting the Respiratory Syncytial Virus (RSV) vaccine can safely be immunized against RSV.
Consult with your physician to obtain RSV vaccine if one or more of the following is true:

1. Have you ever had a severe reaction to any previous vaccine: ☐ Yes ☐ No
2. Are you Allergic to Latex? ☐ Yes ☐ No
3. Do you have a fever or active illness? ☐ Yes ☐ No
4. Are you pregnant? ☐ Yes ☐ No
   If YES # of weeks_____
5. Do you have a past history of Guillain-Barre Syndrome? ☐ Yes ☐ No
6. Are you under the age of sixty (60)? ☐ Yes ☐ No
7. Are you currently receiving blood thinners such as coumadin, aspirin or heparin? ☐ Yes ☐ No

Having received an explanation and informed consent, I hereby agree to release and hold NYS Veteran's Home employees, agents and representatives harmless from further responsibility with regard to my receiving the injections.

As with any medication, there are risks and possible side effects/reactions. Side effects of RSV vaccine are generally mild in adults and occur within 6-12 hours after vaccination and can persist for one or two days. These reactions consist of soreness of the injection site, headache, muscular aches, nausea and in rare cases, even death. If you should have a reaction, you should CONTACT YOUR PHYSICIAN.

I have received and read the MI/CDC (VIS) RSV Vaccine Information Statement, as well as the above information, and have had the opportunity to ask questions. I understand the benefits and risks of the RSV vaccine as described. I request the RSV vaccine to be administered to me or to the person named for whom I am authorized to sign.

Date Vaccine Information Statement for RSV Given: _____ VIS Edition Date: _____

Date Vaccine Administered: _____ Injection Site: Left Arm _____ Right Arm _____

Administered By: _____

Manufacturer & Lot Number : _____Expiration Date:_____

Brand (Circle one): **Arexvy** **Abrysvo** **Mresvia**