giant eagle pharmacy

Immunization Administration Record

RSV Vaccine

First Name:		Last Name:	
Birthdate:	Age:	Weight:	Sex assigned at birth: □ Male □ Female
Address:		City:	State: Zip:
Phone:		Last 4 digits of Social Security Number:	
Primary Care Physician (PCP) First Name:		PCP Last Name:	
PCP Address:			
PCP Phone:		PCP Fax:	
Insurance:	Group:	ID #:	

	Please check "yes" or "no" for each question	**Yes**	**No**	**Notes**
1.	Have you previously received a dose of RSV vaccine?	◯	◯	
2.	Have you had a seizure, a brain disorder, Guillain-Barré Syndrome (GBS), or other nervous system problem? Has a parent or sibling had a seizure?	◯	◯	
3.	Have you had an organ transplant?	◯	◯	
4.	In the past 6 months, have you taken medications that affect your immune system, such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or have you had an organ transplant or radiation treatments?	◯	◯	
5.	Do you have cancer, leukemia, HIV/AIDS, or any other immune system problem?	◯	◯	
6.	Are you at risk for disease due to travel, your occupation, your activities, an outbreak, or contact with an infected person or animal?	◯	◯	
7.	Do you have any of the following: a long-term health problem with heart, lung, kidney, liver, or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are you on dialysis? Are you on long-term aspirin therapy?	◯	◯	
8.	Are you sick today?	◯	◯	
9.	Do you have allergies to medications (Ex: PEG), food, a vaccine component (Ex: polysorbate), or latex?	◯	◯	
10.	Have you ever had a serious reaction after receiving a vaccine?	◯	◯	
11.	Have you ever felt dizzy or faint before, during, or after a shot?	◯	◯	
12.	Are you anxious about getting a shot today?	◯	◯	
13.	Are you pregnant or nursing? What week of pregnancy are you? _____	◯	◯	

Consent for services, medical records, and HIPAA privacy information

Medicare/Medigap Policy Holders: I request and assign payment of authorized Medicare and/or Medigap benefits, as applicable, to be made on my behalf to Giant Eagle Pharmacy for any products or services furnished by them to me. I authorize the release of medical information about me to the Centers for Medicare and Medicaid Services, my Medigap insurer, and their agents as necessary to determine benefits payable for these or related services.

All Patients: I acknowledge receipt of Giant Eagle's Notice of Privacy Practices and authorize the release of immunization information to Federal and state authorities and to any covering health insurance provider(s). For the vaccine(s) indicated hereon, I acknowledge receipt of the relevant Vaccine Information Sheet (VIS) or EUA Fact Sheet. I affirm that I have had the opportunity to ask questions and that I voluntarily assume full responsibility for any reactions that may result. I request administration of the immunization(s) to me or to the patient identified hereon for whom I am the legal guardian. I, for myself, my wards, heirs, executors, personal representatives and assigns, hereby release Giant Eagle, Inc., the hosting facility and its managing and operating companies and owners, the event sponsors, and each entity's respective affiliates, subsidiaries, divisions, directors, contractors, agents and employees, from any and all claims arising out of, in connection with, or in any way related to, the receipt or administration of the immunization(s) indicated hereon. Further, I affirm that I request and access these services at my own risk and will not hold the aforementioned parties, to any extent whatsoever, liable, responsible, or in any way accountable for any loss, physical or personal injury, death, or damages suffered or sustained at any time in connection with or as a result of their offering of this vaccine program, the administration or receipt of the vaccines requested, or access to or use of the hosting facilities.

Signature (Patient or Parent/Legal Guardian): _____Date:_____

Print Full Legal Name (Patient or Parent/Legal Guardian): _____

Healthcare Provider Only: By signing below, I agree that as the immunizing healthcare professional: I reviewed the patient's information and screening question responses. This vaccine is appropriate for this patient based on the responses to the screening questions and age guidelines according to ACIP recommendations, Giant Eagle's current vaccine protocols, and state regulations. Appropriate written education has been provided to the patient, including a Well Child Visit Reminder as applicable.

Signature (Immunizer): _____Date: _____

Print Name (Immunizer):_____Title (Immunizer):_____

If Pharmacy Intern or Technician, overseeing Pharmacist to sign and print name: _____

If using Immunization Protocol, Ordering Physician Name:_____

☑	Age (yrs)	RSV Vaccine (Mfgr)	Dose	NDC
	10+	**Abrysvo** (Pfizer)	0.5 mL (1)	□ 00069-**0344**-01 □ 00069-**2465**-10
	50+	**Arexvy** (GSK)	0.5 mL (1)	58160-**0848**-11
	50+	**mRESVIA** (Moderna)	0.5 mL	80777-**0345**-96
Sig: Administer 1 shot intramuscularly into the: □ Left Deltoid □ Right Deltoid				

Additional
VIS Date: 1/31/25
Lot Number:
Expiration Date:
Clinic:
No Refills

Revised 8.19.25 CG

RSV (Respiratory Syncytial Virus) Vaccine:
What You Need to Know

Many vaccine information statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1. Why get vaccinated?

RSV vaccine can prevent lower respiratory tract disease caused by **respiratory syncytial virus (RSV)**. RSV is a common respiratory virus that usually causes mild, cold-like symptoms.

RSV can cause illness in people of all ages but may be especially serious for infants and older adults.

- RSV is the most common cause of hospitalization in U.S. infants. Infants up to 12 months of age (especially those 6 months and younger) and children who were born prematurely, or who have chronic lung or heart disease, or a weakened immune system, are at increased risk of severe RSV disease.
- RSV infections can be dangerous for certain adults. Adults at highest risk for severe RSV disease include older adults, especially those with chronic heart or lung disease, a weakened immune system, certain other chronic medical conditions, or who live in nursing homes.

RSV spreads through direct contact with the virus, such as when droplets from an infected person's cough or sneeze contact your eyes, nose, or mouth. It can also be spread by someone touching a surface, such as a doorknob, that has the virus on it, and then touching your face.

Symptoms of RSV infection may include runny nose, decreased appetite, coughing, sneezing, fever, or wheezing. In very young infants, symptoms of RSV may also include irritability (fussiness), decreased activity, or apnea (pauses in breathing for more than 10 seconds).

Most people recover in a week or two, but RSV can be more serious, resulting in shortness of breath and low oxygen levels. RSV can cause bronchiolitis (inflammation of the small airways in the lung) and pneumonia (infection of the lungs). RSV can also lead to worsening of other medical conditions such as asthma, chronic obstructive pulmonary disease (a chronic disease of the lungs that makes it hard to breathe), or heart failure (when the heart cannot pump enough blood and oxygen throughout the body).

Infants and older adults who get very sick from RSV may need to be hospitalized. Some may even die.

2. RSV vaccine

There are two immunization options available for protecting infants against RSV: maternal vaccine for the pregnant woman or preventive antibodies given to the baby. Only one of these options is needed for most babies to be protected.

CDC recommends a one-time dose of RSV vaccine for **pregnant women from week 32 through week 36 of pregnancy** for the prevention of RSV disease in their infants during the first 6 months of life. This vaccine is recommended to be given from September through January for most of the United States. However, in some locations (for example, the territories, Hawaii, Alaska, and parts of Florida), the timing of vaccination may differ based on the time of year when RSV circulates in the area.

CDC recommends a one-time-dose of RSV vaccine for **everyone 75 years and older** and for **adults 60 through 74 years of age who are at increased risk of severe RSV disease**. Adults 60 through 74 years old who are at increased risk include those with chronic heart or lung disease, a weakened immune system, or certain other chronic medical conditions, and those who are residents of nursing homes.

RSV vaccine may be given at the same time as other vaccines.

CDC U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

3. Talk with your health care provider

Tell your vaccination provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of RSV vaccine**, or has any **severe, life-threatening allergies**

In some cases, your health care provider may decide to postpone RSV vaccination until a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting RSV vaccine.

Your health care provider can give you more information.

4. Risks of a vaccine reaction

- Pain, redness, and swelling where the shot is given, fatigue (feeling tired), fever, headache, nausea, diarrhea, and muscle or joint pain can happen after RSV vaccination.

Serious neurologic conditions, including Guillain-Barré syndrome (GBS), have been reported after RSV vaccination in some older adults. At this time, an increased risk of GBS following RSV vaccine among persons aged 60 years and older cannot be confirmed or ruled out.

Preterm birth and high blood pressure during pregnancy, including pre-eclampsia, have been reported among pregnant women who received RSV vaccine. It is unclear whether these events were caused by the vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

V-Safe is a safety monitoring system that lets you share with CDC how you, or your dependent, feel after getting RSV vaccine. You can find information and enroll in V-Safe at **vsafe.cdc.gov**.

5. What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at **www.vaers.hhs.gov** or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

6. How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Visit the website of the Food and Drug Administration (FDA) for vaccine package inserts and additional information at **www.fda.gov/vaccines-blood-biologics/vaccines**
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636** (**1-800-CDC-INFO**) or
  - Visit CDC's website at **www.cdc.gov/vaccines**.