



Place for pharmacy designation

Patient's forename and surname:					
PESEL or document series and number:					
Date of birth:	Age at the time of qualification:				
Contact telephone number:	Date of filling in the questionnaire:				

Initial screening questionnaire prior to vaccination of an adult against respiratory syncytial virus (RSV)

To be filled in <u>before a visit</u> at the vaccination clinic.

Answers to the questions below will enable the qualifying staff to decide if you can be safely vaccinated respiratory syncytial virus (RSV). Should anything be unclear, feel free to ask for explanations.

Par	Part I: Medical history						
No.	Questions on the state of health	YES		NO			
1.	Do you feel sick today (on the day of vaccination)? ¹ If yes – please specify the symptoms.	0		0			
2.	Have you been vaccinated within the last week? ² If yes – please specify what vaccine was administered and when (dat	ce).		0			
3.	Do you suffer from any chronic diseases? ³ If yes – please specify what chronic disease you have.	0		0			
4.	Do you currently experience exacerbation/worsening of the course of the chronic disease? ⁴	0		0			
5.	Are you currently receiving any immunosuppressive (immunity-decreasing) medications, e.g. glucocorticosteroids, oncological medications, biological treatment, radiation therapy, etc.)?	0		0			
6.	Have you ever had anaphylactic reaction (requiring administration of adrenaline? ⁶	0		0			
	When? In relation to what alle	rgen?					
7.	Have you ever had any serious post-vaccination reaction after administration of any vaccine? ⁷ If yes – please specify: when, in relation to administration of what vaccine, what were the symptoms? what medical procedures were applied: adrenaline, other medications (what kind), necessity of hospitalisation, other	0		0			

No.	Questions on the state of health			YES	NO	
8.	Do you have allergy to any of the ingredien	0	0			
9.	Have you ever experienced syncope in relation to vaccination?9					
10.	Do you have haemophilia or other coagulat	0	0			
11.	Are you pregnant? ¹¹ If yes – please specify the week of gestatio	n		0	0	
Par	t II: Pharmacist's assessment					
Info	rmation on the outcome of qualification f	or va	ccination			
YES	O NO	0	Temporary contraindication to vaccination Permanent contraindication to vaccination Medical consultation is advisable prior to vaccination	O O		
		-				
(stamp	o and signature of the person qualifying for vaccination)		Date	Date / time		
Par	t III: Consent to vaccination					
State	ement					
	are that I have read the information on vaccir ent to the vaccination.	ation	against respiratory syncytial virus (RSV), and that the above	ve answers	are truthful.	
	(signature of the patient/legal guardian)					
		ampora:)ate	symptoms	
	·		ry contraindication to vaccination. Vaccination may be performed after remission of a red at any time after other vaccines; however, due to possible occurrence of adver			

- 2) The vaccine against RSV is a recombinant vaccine, which may be administered at any time after other vaccines; however, due to possible occurrence of adverse event following immunization (AEFI), it is reasonable to maintain a short interval (e.g. 7 days) between vaccinations, so as to precisely establish which vaccine caused AEFI.
- 3) If stable, a chronic disease does not constitute a contradiction to vaccination. Patients with chronic diseases, e.g. cardiovascular diseases, respiratory diseases (asthma, COPD), metabolic diseases (diabetes mellitus), with impaired immunity (e.g. during oncology treatment) are in a risk group of severe and complicated RSV infection, which means that vaccination is not recommended in such patients.
- $4) \quad \text{Exacerbation of a chronic disease constitutes a temporary contraindication to vaccination.} \\ Vaccination may be performed when the chronic disease is in a stable phase.} \\$
- 5) The use of immunosuppressants does not constitute a contraindication to vaccination against RSV, but it may reduce its efficacy, depending on the type of therapy and dose of the medication; medical consultation is recommended prior to vaccination, so as to establish an optimal moment for vaccination.
- 6) A patient with a history of, or suspected with past anaphylactic reaction resulting from exposure to ingredients other than those present in the currently administered vaccine, does not require taking any additional precautions, aside from optional prolongation of observation post vaccination from 15 to 30 minutes.
- 7) A contraindication to vaccination is an anaphylactic reaction after a previous dose of the currently planned vaccination, or known allergy to any of the ingredients of the currently administered vaccine.
- $8) \quad A contraindication to vaccination is a known allergy to any of the ingredients of a vaccine against RSV (including polysorbate).$
- 9) Drug-related reactions, including vasovagal reactions (syncope), hyperventilation or reactions related to stress may occur in relation to the vaccination process. This does not constitute a contraindication to vaccination. It is important to take necessary precautions to avoid injuries related to syncope (vaccination in a sitting position).
- $10) \ \ Coagulation\ disorders\ or\ haemophilia\ do\ not\ constitute\ contraindications\ to\ vaccination.\ In\ these\ patients,\ the\ vaccine\ should\ be\ administered\ with\ caution\ due\ to\ possible\ bleeding\ or\ bruising.$
- 11) Two vaccines against RSV are available: Arexvy (GSK) and Abrysvo (Pfizer). Only the Abrysvo vaccine (Pfizer) is recommended in pregnant women. It may be administered between 24 and 36 weeks of gestation; however, it is recommended that it be administered between 32-36 weeks of gestation. The Arexvy vaccine (GSK) is not recommended in pregnant women.