|  |
| --- |
| Respiratory syncytial virus (RSV) infant immunisation checklist and consent form |
|  |
| |  | | --- | | Attach unique patient identification label in the box | |



#### Infant details

|  |  |  |  |
| --- | --- | --- | --- |
| **Medicare number** if known (including reference number beside child’s name) | Stop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outline Stop outline | | |
| **Last name**  (use mother’s last name) |  | | |
| **First name**  **Note:** where baby has not been named, use the term ‘**Baby of’** as the first name. For multiple birth, use ‘**Baby 1** **of’**, **‘Baby 2 of’** |  | | |
| **Date of birth** (DD/MM/YYYY) |  | | |
| **Gender** | Male □ | Female □ | Other □ |

#### Parent/guardian details

|  |  |  |  |
| --- | --- | --- | --- |
| **Person providing consent (select one):** | Mother □ | Father □ | Other □ |
| **Last name** |  | | |
| **First name** |  | | |
| **Telephone number (mobile preferred)** |  | | |
| **Email** |  | | |
| **Mother’s address:** same address as the mother’s Medicare records  **Note**: Mother’s address is required to record infant’s immunisation in the Australian Immunisation Register (AIR) |  | | |
| **Postcode** |  | | |

#### Consent to receive Beyfortus® (nirsevimab)

|  |  |  |
| --- | --- | --- |
| I have read and understood the information contained in the *Fact Sheet for consumers – RSV immunisation in infants and young children*, or health service clinical guidance | Yes □ | No □ |
| I have had an opportunity to have my questions answered | Yes □ | No □ |
| I acknowledge that my child’s nirsevimab immunisation will be recorded on the Australian Immunisation Register | Yes □ | No □ |
| I consent to my infant/child receiving the nirsevimab immunisation | Yes □ | No □ |
| **Signature of parent/guardian** | Date: / / | |

#### ----------------------------------------------------------------------------------------------------------------------------------

#### Immunisation provider use only

#### Eligibility check

|  |  |  |
| --- | --- | --- |
| Clinician has checked AIR/mother’s Immunisation History for Abrysvo record | Yes □ | No □ |
| Mother has received maternal dose Abrysvo at least 2 weeks prior to delivery | Yes □ | No □ |
| Dose required - Maternal RSV dose less than 2 weeks prior to delivery | Yes □ | No □ |
| Dose required - Infant has additional risk factors for nirsevimab dose | Yes □ | No □ |

*Refer to* [*nirsevimab decision aids*](https://www.health.vic.gov.au/immunisation/respiratory-syncytial-virus-immunisation#:~:text=and%20clinical%20guidance.-,Respiratory%20syncytial%20virus%20immunisation%20resources,-Open%20all) *to confirm indication for immunisation <https://www.health.vic.gov.au/immunisation/respiratory-syncytial-virus-immunisation>*

#### Beyfortus® (nirsevimab) dose administered *(select one)*

|  |  |  |
| --- | --- | --- |
| **Infant weighing less than 5 kg → 0.5 mL** | Batch number: | |
| **Infant weighing 5 kg or more → 1.0 mL** | Batch number: | |
| **Medically at-risk child born on or after 1 October 2023 → 2 x 1.0 mL** | Batch number: | |
| Date and time nirsevimab administered | / / Time: | |
| Site nirsevimab dose administered | Left anterolateral thigh  Right anterolateral thigh | □  □ |
| Name of hospital or immunisation clinic |  | |
| Name of person administering nirsevimab |  | |
| **Signature and designation (e.g. MO/RN/RM) of person administering nirsevimab** |  | |

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