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

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#### 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)

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| --- | --- | --- |
| 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: / /  |

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#### 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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