Respiratory Syncytial Virus (RSV) Immunization Card

Patient name: _____

Nirsevimab (Beyfortus) adminstration date: _____

Dose administered: ☐ 50mg ☐ 100mg

Hospital name: _____

Bring this card to your baby's first doctor visit or take a photo and keep it with you.

Find My Immunization Record
(www.health.state.mn.us/people/immunize/miic/records.html)

DEPARTMENT OF HEALTH

05/2024