



Patient Name: _____ Patient DOB: _____

Patient Address: _____

Date: _____

Is patient currently pregnant? Yes No

If yes, what is the patient's gestational age (weeks): _____

Vaccine Prescriptions:

RSV - Abrysvo™ (32-36 weeks):

Administer 1 intramuscular 0.5mL dose of Abrysvo™ to pregnant woman between 32 to 36 weeks gestational age. X 1 dose; no refills.

Information for Vaccinating Practitioner:

Additional Patient Information (e.g., contraindications, allergies, etc.):

Provider Information:

Provider Signature: _____

Provider Name: _____

Practice: _____

Phone Number: _____

Please report vaccine administration information to the North Dakota Immunization Information System (NDIIS).