

# Respiratory Syncytial Virus (RSV) Immunization Card

Patient name: \_\_\_\_\_

Patient date of birth (mm/dd/yyyy): \_\_\_\_\_

Monoclonal antibody administration date: \_\_\_\_\_

Nirsevimab: ☐ 50mg ☐ 100mg

Clesrovimab: ☐ 105mg

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](http://www.health.state.mn.us/people/immunize/miic/records.html))



10/2025