Respiratory Syncytial Virus (RSV) Vaccine Card	Respiratory Syncytial Virus (RSV) Vaccine Card
Patient name:	Patient name:
Date Abrysvo administered (given):	Date Abrysvo administered (given):
Weeks of gestation: ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36	Weeks of gestation: ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36
Health care provider:	Health care provider:
Health care provider's phone:	Health care provider's phone:
Bring this card to your birthing center and your baby's first doctor visit or take a photo to keep it with you.	Bring this card to your birthing center and your baby's first doctor visit or take a photo to keep it with you.
Find My Immunization Record (www.health.state.mn.us/people/immunize/miic/records.html) DEPARTMENT OF HEALTH 01/2024	Find My Immunization Record (www.health.state.mn.us/people/immunize/miic/records.html)
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