

Respiratory Syncytial Virus (RSV) Vaccine Card

Patient name: _____

Patient date of birth (mm/dd/yyyy): _____

Date Abrysvo administered (given): _____

Weeks of gestation: 32 33 34 35 36

Health care provider: _____

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.



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



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