

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)



10/2025

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