(For use by clinic / point of care as an individual administration record)

Patient Name: _____ **DoB (dd/mmm/yyyy):** _____

Parent / Legal Guardian Name: _____ **Provincial Health #:** _____

Phone: _____ **Provincial Reference #:** _____

Other Phone / Contact: _____

Consent obtained? ☐ NO ☐ YES

Eligibility Criteria: **Course complete?** ☐ NO ☐ YES

Dose #	When Taken	Where Dose Was Administered	Date (dd/mmm/yy)	Lot Number	Weight (kg)	Expiry Date	Dose (mg)	Admitted with any respiratory infection in previous month?	Admitted with RSV+ infection in previous month?	Clinic for next dose?
1		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
2	3-4 weeks after Dose 1	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
3	4-5 weeks after Dose 2	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
***NOTE: the standard administration is three to four doses; a fifth dose may only be given to patients who have undergone cardiac bypass surgery.**										
4th?	4-5 weeks after Dose 3	☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
5th?		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____
Final f/up		☐ No ☐ Yes, at: _____						☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes ☐ Unknown	☐ No ☐ Yes, to: _____

At the end of each day, fax this page to the RSV Program and to any clinic that the patient attends.
If the patient has been hospitalized for any respiratory infection, then please fill out a Hospitalization Data form and send to rsv@cw.bc.ca.