

Patient Initials:

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PATIENT REFERENCE NO _____

INDICATION FOR USE

Date of Birth (YYYY/MMM/DD): ____ / ____ / ____ Male Female

(Please select appropriate indication)

Infants born prematurely at ≤ 32 weeks,
0 days gestation and aged ≤ 6 months WITH
bronchopulmonary dysplasia/chronic lung disease

i.e. **must be born on or after June 1, 2024.**

Infants born prematurely at ≤ 32 weeks,
0 days gestation and aged ≤ 6 months WITHOUT
bronchopulmonary dysplasia/chronic lung disease
i.e. **must be born on or after June 1, 2024.**

Children < 12 months of age with hemodynamically
significant heart disease.

Children < 24 months of age with bronchopulmonary
dysplasia/chronic lung disease AND who have required
oxygen and/or medical therapy within the 6 months
preceding the RSV season (June-November 2024).

Age: ≤ 1 year old Between 1 and 2 years old

Please record the EXACT gestational age at birth of this infant:

weeks _____ days _____

IMPORTANT

Please fax the completed request form to the IWK Health RSV Prevention Program at **902-470-7846 ATTN: RSV Monitoring Nurse.**

Form completed by : _____