Queensland Government

Respiratory Syncytial Virus (RSV) Nirsevimab Immunisation Consent

Facility: .....

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth: Sex: ☐ M ☐ F ☐ I

Interpreter Services

Is an interpreter required? ☐ Yes ☐ No

If yes: ☐ the interpreter has provided a sight translation of the informed consent form in person
☐ translated the informed consent form over the phone

Name of interpreter:	Code:	Language:

Patient Details

First name (if known):

Note: Where the baby has not been named, use the term **"Baby of"** as the first name. For multiple birth, use **"Baby 1 of"**, **"Baby 2 of"**.

Last name (for newborn infants, use mother's last name):

Date of birth (DD/MM/YYYY):	Sex: ☐ Male ☐ Female ☐ Intersex

Medicare number (if known):

Indigenous status:
☐ Aboriginal ☐ Aboriginal & Torres Strait Islander ☐ Torres Strait Islander ☐ Non-Indigenous ☐ Not stated/unknown

Parent or Legal Guardian Details

Is the person who completed this consent form a:
☐ Parent ☐ Legal guardian ☐ Other *(specify)*: .....

First name:	Last name:
Telephone number (mobile preferred):	Email address:

Mother's address (address on the mother's Medicare records): Postcode:

Note: Mother's address is required to record newborn infant's immunisation in the Australian Immunisation Register.

If this person is not a parent or legal guardian, but has parental rights and responsibilities to provide consent and complete this form, the clinician is required to verify evidence such as decision-making authority or court order and photo ID. Refer to the *Queensland Health Guide to Informed Decision-making in Health Care – www.health.qld.gov.au/consent/clinician-resources/guide-to-informed-decision-making-in-healthcare*

☐ Documents verified:

Verified by (print name):	Signature:

Consent to Administer Nirsevimab

I have read and understand the information contained in the *RSV Immunisation Nirsevimab – information for parents and carers* information sheet regarding the potential benefits and risks of nirsevimab. ☐ Yes ☐ No

I have had an opportunity to have my questions answered. ☐ Yes ☐ No

I understand immunisation details will be recorded by Queensland Health and provided to the Australian Immunisation Register (AIR) and this information may be used by Queensland Health for recall, reminders, clinical follow-up; or disease prevention, control and monitoring; or as otherwise authorised by or required by law. ☐ Yes ☐ No

I consent for the administration of nirsevimab. ☐ Yes ☐ No

Signature of parent/legal guardian/other person:	Date:

(Office Use Only) Dose Administered *(select one)*

Scan the QR code for detailed eligibility criteria and clinical guidance.

This section does NOT replace the need for prescribing and documentation on a medical record.

☐ Infant <5kg (<8 months of age) – 0.5mL (1 x 50mg prefilled syringe – IM injection)
☐ Infant ≥5kg (<8 months of age) – 1mL (2 x 50mg prefilled syringe – IM injection)
☐ Infant/child with certain complex medical conditions (8 to 19 months inclusive)
This dose is not weight based – 2mL (2 x 100mg prefilled syringe – IM injection)

Batch(es): .....

.....

Site nirsevimab administered: ☐ Left anterolateral thigh ☐ Right anterolateral thigh ☐ Other *(specify)*: .....

Date nirsevimab administered:	Clinician administering nirsevimab (print name):
Designation:	Signature:
Name of hospital/clinic:	Hospital/clinic phone number (landline preferred):

DO NOT WRITE IN THIS BINDING MARGIN

RSV NIRSEVIMAB IMMUNISATION CONSENT

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