

Please complete the mandatory fields (marked with “\*\*”) for the vaccination register.

### Personal data of the person to be immunised (alternatively, use patient sticker)

Surname\*

First name\*

Social insurance number\* (all 10 digits, if available)

Date of birth (DD/MM/YYYY)\*

Gender\*

female

male

other

inter

open

no entry

### Personal data of their legal representative

Surname

First name

Address (postcode, town, street, house number, staircase, door number)

Telephone number

Email address

### Please answer the following questions for the person to be immunised

If the person to be immunised has had an illness or received other immunisations or vaccinations between filling out the informed consent and the actual immunisation appointment, please inform the doctor before the immunisation. All vaccination records (e.g. vaccination passport, vaccination certificate, vaccination card) of the person to be immunised should be presented at the immunisation appointment.

Tick as applicable

1. In the past 7 days, has the person to be immunised been suffering, or are they still suffering, from any **acute illness or infection** (e.g. fever, cough, common cold, sore throat, other)?

Yes

No

If yes, please  
provide details.

2. Is the person to be immunised **allergic to any medication** or to an **ingredient in the medicinal product** (see information leaflet)?

Yes

No

If yes, please  
provide details.

3. Has the person to be immunised ever experienced an **allergic shock involving a drop in blood pressure, severe breathlessness or collapse**?

Yes

No

If yes, please  
provide details.

4. Is there any other **medical information** about the person to be immunised (e.g. illnesses, vaccinations, treatment, operations, etc.)?

Yes

No

If yes, please provide  
details.

Following the immunisation against RSV, reactions may occur, which usually disappear within a few days. Occasionally ( $\geq 1/1000$ ,  $< 100$ ), individuals may experience a rash, fever or reactions (e.g. pain, hardening, swelling) at the injection site. Serious hypersensitivity reactions, including anaphylaxis, have been observed with monoclonal antibodies.

The relevant, up-to-date and complete version of the medicinal product information leaflet is part of this information and documentation form and is to be made available electronically, and, upon request, also as a paper copy. Medicinal product information leaflets that are provided as part of the public vaccination programmes run by the federal government, the federal Länder and the social insurance providers, are available at: <https://www.sozialministerium.at/Themen/Gesundheit/Impfen/Gebrauchsinformationen-der-Impfstoffe-im-kostenfreien-Impfprogramm.html> For further information and the relevant vaccine recommendations for Austria, please refer to the website of the Federal Ministry of Social Affairs, Health, Care and Consumer Protection at: [www.sozialministerium.at/impfen](http://www.sozialministerium.at/impfen).



**Should you have any further questions, please get in touch with your doctor for a personal consultation before signing this form.**

If it is not possible to have a personal consultation with a doctor, please contact the medical service/public health department of your local administrative authority and only sign the informed consent once you have obtained sufficient information.

By signing, I confirm that:

- I have had the opportunity for an informed consent discussion.
- I have read and understood the medicinal product information leaflet, or that I was otherwise provided with sufficient information about the medicinal product.  
I have informed myself about the potential adverse effects of the medicinal product and any circumstances under which the child ought not to be immunised.
- I have sufficient understanding of the benefits and risks of the immunisation and accordingly do not require any further personal consultation.
- I consent to the immunisation being administered.
- I am aware that my personal data will be processed in the vaccination register in accordance with the Gesundheitstelematikgesetz 2012 [Health Telematics Act] (see <https://www.elga.gv.at/datenschutzerklaerung>).



<b>Date (DD/MM/YYYY)</b>	<b>Signature of the legal representative</b>
<input type="text"/>	<input type="text"/>

**Important information:** For the child's safety, you and the child should stay near the doctor for 20 minutes after the immunisation, on the off-chance that they experience any adverse reactions (collapse, allergic reactions, etc.). If you suspect that they are experiencing any adverse reactions, please contact your doctor or pharmacist. They are obliged to report any suspected adverse reactions. However, you or members of your family may report adverse reactions as well. More information is available online at <https://www.basg.gv.at/en/market-surveillance/reporting/adverse-reactions/nebenwirkungsmeldung-human>; or you can also call +43 (0) 50 555 36600.



**Please note: leave this section blank – to be completed by the immunisation centre only**

<p>Administering centre/organisation (contract partner number, if available)*</p> <input style="width: 100%; height: 40px;" type="text"/> <p>Child's body mass</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Dose administered*</p> <p><input type="checkbox"/> Beyfortus 50 mg solution for injection</p> <p><input type="checkbox"/> Beyfortus 100 mg solution for injection</p> <p>Batch number (LOT or Ch.B)*</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Name of doctor in charge*</p> <input style="width: 100%; height: 20px;" type="text"/> <p><input type="checkbox"/> The person to be immunised cannot be clearly identified.</p>	<p>Space for doctor's notes</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Date of administration (DD/MM/YYYY)*</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Name of person administering the immunisation (if not the same as doctor in charge)</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Signature of doctor in charge</p> <input style="width: 100%; height: 20px;" type="text"/>
--	--