



**Addendum to Respiratory Syncytial Virus (RSV)  
Preventive Antibody: *What You Need to Know*  
Immunization Information Statement (IIS)**

1. I agree that the person named below will get the preventive antibody checked below.
2. I received or was offered a copy of the Immunization Information Statement (IIS) for the preventive antibody listed above.
3. I know the risks of the disease this preventive antibody prevents.
4. I know the benefits and risks of the preventive antibody.
5. I have had a chance to ask questions about the disease the preventive antibody prevents, the antibody, and how the antibody is given.
6. I know that the person named below will have the preventive antibody put in his/her body to prevent the disease this preventive antibody prevents.
7. I am an adult who can legally consent for the person named below to get the preventive antibody. I freely and voluntarily give my signed permission for this preventive antibody.

Preventive antibody to be given:  Respiratory Syncytial Virus (RSV) Preventive Antibody

<b>Information about person to receive preventive antibody (Please print)</b>				
Name: Last	First	Middle Initial	Birthdate (mm/dd/yy)	Sex (circle one)
				M    F
Address: Street	City	County	State <b>TX</b>	Zip
Signature of person to receive preventive antibody or person authorized to make the request (parent or guardian):				
x _____			Date: _____	
x _____			Date: _____	
Witness				

**PRIVACY NOTIFICATION** - With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.dshs.texas.gov> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003, and 559.004)

**Privacy Notice:** I acknowledge that I have received a copy of my immunization provider's HIPAA Privacy Notice.

**For Clinic / Office Use Only**

Clinic / Office Address:	Date Preventive Antibody Administered:
	Preventive Antibody Manufacturer:
	Preventive Antibody Lot Number:
	Site of Injection:
	Title of Preventive Antibody Administrator:
	Signature of Preventive Antibody Administrator:
	Date IIS Given:

**Notice:** Alterations or changes to this publication is prohibited.

**Instructions: File this consent statement in the patient's chart.**