American Lung Association.

RSV Vaccination Appointment Referral

To be completed by healthcare provider:

Recommended Vaccine: **Respiratory Syncytial Virus**

You have been referred to: _____

You have been referred by: _____

Call _____ or visit this website _____ to make an appointment.

Other Vaccinations Needed:

◯ Influenza ◯ COVID-19 ◯ Pneumococcal ◯ Shingles *(herpes zoster)*

◯ Tdap *(tetanus, diphtheria, pertussis)* ◯ Other _____

To be completed by patient:

Appointment Date: _____ Appointment Time: _____

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