

16. Did the child require oxygen at greater than 21% for at least the first 28 days after birth? <input type="checkbox"/> Yes <input type="checkbox"/> No													
17. Indicate the child's gestational age at delivery (in weeks and days). Weeks Days													
18. Check all therapies below that the child has continuously used over the past six months. <input type="checkbox"/> Corticosteroid <input type="checkbox"/> Diuretic <input type="checkbox"/> Supplemental oxygen													
Section III B — clinical information for congenital heart disease													
19. The child is younger than 12 months of age at the start of the respiratory syncytial virus (RSV) season and has hemodynamically significant congenital heart disease. <input type="checkbox"/> Yes <input type="checkbox"/> No													
Section III C — clinical information for cardiac transplant													
20. The child is younger than 24 months of age at the start of the RSV season and is scheduled to undergo a cardiac transplantation during the RSV season. <input type="checkbox"/> Yes <input type="checkbox"/> No													
Section III D — clinical information for preterm infants													
21. The child is younger than 12 months of age at the start of the RSV season and was born before 29 weeks' gestation. <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate the child's gestational age at delivery (in weeks and days). Weeks Days													
Section III E — clinical information for pulmonary abnormalities and neuromuscular disease													
22. The child is younger than 12 months of age at the start of the RSV season and has a neuromuscular disease or congenital abnormality that impairs the ability to clear secretions from the upper airway because of an ineffective cough. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the disease or anomaly.													
Section III F — clinical information for immunocompromised children													
23. The child is younger than 24 months of age at the start of the RSV season and is profoundly immunocompromised due to the following: <table style="width: 100%; border: none;"> <tr> <td style="width: 80%;">a. Solid organ transplant</td> <td style="text-align: right;"><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td>b. Stem cell transplant</td> <td style="text-align: right;"><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> </tr> <tr> <td>c. Receiving chemotherapy</td> <td style="text-align: right;"><input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td></td> </tr> </table>		a. Solid organ transplant	<input type="checkbox"/> No	<input type="checkbox"/> Yes		b. Stem cell transplant	<input type="checkbox"/> No	<input type="checkbox"/> Yes		c. Receiving chemotherapy	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
a. Solid organ transplant	<input type="checkbox"/> No												
<input type="checkbox"/> Yes													
b. Stem cell transplant	<input type="checkbox"/> No												
<input type="checkbox"/> Yes													
c. Receiving chemotherapy	<input type="checkbox"/> No												
<input type="checkbox"/> Yes													

d. AIDS

Yes

No

e. Other

Yes

No

If other, indicate the cause of the child's immunodeficiency:

Section IV — authorized signature

24. Prescriber signature

25. Date signed

Section V — additional information

26. Indicate any additional information in the space provided. Additional diagnostic and clinical information explaining the need for the product requested may be included here.
