Ontario

Ministry of Health
Drug Programs Delivery Branch
Ontario Public Drug Programs
5700 Yonge Street, 3rd floor
Toronto ON M2M 4K5

Respiratory Syncytial Virus (RSV) Prophylaxis for High-Risk Infants Program Enrolment

Special Clinical Circumstance Medical Justification Form

Complete this form for enrolment requests for high-risk infants who do not satisfy the enrolment criteria for approval in Section 3 or 5 of the RSV Program Enrolment Form. **To protect personal health information, no personal health identifiers (e.g. name, address, OHIP number, parent names) should be provided**.

Fax the RSV Program Enrolment Form **and** Medical Justification Form **and** any additional relevant information to the AstraZeneca Synagis Care Coordinator at **1-833-397-2357**

Section 1 - Patient Information

Reference Number for the Current RSV Season (to be provided upon enrolment)

Last Name Initial	First Name Initial	Multiple Birth Infant Number	Date of birth (yyyy/mm/dd)

Gender	Weight at Time of Enrolment
☐ Male ☐ Female ☐ Other (specify) _____	kg

Weight Percentile	Gestational Age at Birth
	completed weeks

Section 2 - Specific Medical Illness and Risk Factors for Severe RSV disease

Specific Medical Illness

Oxygen/CPAP requirements	Date oxygen/CPAP discontinued (yyyy/mm/dd)
☐ Yes ☐ No	

Additional risk factors for severe RSV disease (Describe risk factors such as, immune status, risk of aspiration, hypotonic/ neuromuscular disorder, siblings <5, daycare, etc, if applicable)

Note: Include any additional information (e.g. letter of support from specialist) if any, on this form or attach separately.

Previous Hospitalizations for Respiratory Infections ☐ Yes ☐ No

If **yes**, provide details (e.g. type of respiratory infection, unit, date, whether O2 or ventilation required)

Relevant drug therapies

Was a specialist consulted?	Does the specialist support the need for RSV prophylaxis?	Specialist Name
☐ Yes ☐ No ☐ Not Available	☐ Yes ☐ No	

Specialty

☐ Infectious Disease ☐ Neonatologist ☐ Respirologist

Enrolling Most Responsible Healthcare Provider	Enrolling Most Responsible Healthcare Provider Signature

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