# Jynneos (MPX) Vaccination Form

For documentation in RPMS EHR

Use of form is not necessary if documenting vaccine in RPMS EHR at point of service

Use of form is optional based on determined local workflow

## Section I: PATIENT or PATIENT REPRESENTATIVE to complete this section

<table>
<thead>
<tr>
<th>Date:</th>
<th>Last Name (Print):</th>
<th>First Name (Print):</th>
<th>Middle Name (Print):</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Chart Number (if known):</th>
<th>Allergies/Adverse Drug Reactions:</th>
<th>☐ NONE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Vaccine dose:

- ☐ 1<sup>st</sup> dose
- ☐ 2<sup>nd</sup> dose

If 2<sup>nd</sup> dose, enter date and facility of previous dose(s):

Jynneos Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS) received?

- ☐ Yes
- ☐ No

## Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

<table>
<thead>
<tr>
<th>Immunization site:</th>
<th>Right Forearm</th>
<th>Left Forearm</th>
<th>Right Triceps</th>
<th>Left Triceps</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jynneos: 18 years and older</td>
<td>☐ 1&lt;sup&gt;st&lt;/sup&gt; dose 0.1 mL INTRADERMAL</td>
<td>☐ 2&lt;sup&gt;nd&lt;/sup&gt; dose 0.1 mL INTRADERMAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Jynneos: 18 years and older WITH history or risk of keloid scars | ☐ 1<sup>st</sup> dose 0.5 mL SUBCUTANEOUS | ☐ 2<sup>nd</sup> dose 0.5 mL SUBCUTANEOUS |

| Jynneos: LESS THAN 18 years | ☐ 1<sup>st</sup> dose 0.5 mL SUBCUTANEOUS | ☐ 2<sup>nd</sup> dose 0.5 mL SUBCUTANEOUS |

<table>
<thead>
<tr>
<th>Lot Number:</th>
<th>Expiration:</th>
<th>Administration time:</th>
<th>Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Administration notes:

- ☐ Vaccine literature provided
- ☐ Information given on benefits, side effects, post immunization care
- ☐ Provided information on following the required schedule for vaccinations

Level of Understanding: ☐ Good ☐ Fair ☐ Poor

Comments:

- ☐ Readiness to Learn: ☐ Receptive ☐ Other:

Assessment after injection:

- ☐ Patient left before assessment completed
- ☐ Patient assessed after 15 minutes
  - ☐ No reaction noted
- ☐ Patient assessed after 30 minutes (history of anaphylaxis or reactions)
  - ☐ No reaction noted

Return Date (if applicable):

- ☐ Vaccination documentation completed in EHR

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**Signature and Title of Vaccinator**

**Date**

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*Jynneos (MPX) Vaccination Form for documentation in RPMS EHR 09/09/2022*
Instructions for Completing

COVID-19 Vaccination Form for documentation in RPMS EHR

Purpose of form:
1. Capture patient vaccine information during mass vaccination events, off-site vaccination events, or during other times when it is not feasible to capture vaccination at the point of service
2. Use of form is not necessary if vaccine administration is captured in RPMS EHR at the point of service

Form instructions:
1. Print legibly in all fields using dark permanent ink
2. Section I, to be completed by PATIENT or PATIENT REPRESENTATIVE
3. Section II, to be completed by HEALTHARE PROFESSIONAL who administers vaccine
4. Information from form is to be electronically recorded in RPMS EHR