Jynneos (MPX) Vaccination Employee Record						
Section I: EMPLOYEE to complete this section						
Date	First Nan	First Name (Print)		Last Name (Print)		
Date of Birth	Address	Address				
Phone	County o	County of Residence				
Vaccine dose: $\Box$ 1 <sup>st</sup> dose $\Box$ 2 <sup>nd</sup> dose			If 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?						
Employee    Personal Services Contractor			Facility:			
Resident/Student Independent Contractor   Volunteer Other			Departme	Department:		
Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine						
Date vaccine administered: Facility/Location:						
□ Jynneos: 18 years and older □ 1 <sup>st</sup> dose 0.1 mL INTRADERMAL □ 2 <sup>nd</sup> dose 0.1 mL INTRADERMAL						
□ Jynneos: 18 years and older WITH history or risk of keloid scars						
□ 1 <sup>st</sup> dose <b>0.5 mL SUBCUTANEOUS</b> □ 2 <sup>nd</sup> dose <b>0.5 mL SUBCUTANEOUS</b>						
Lot Number:	Expiration:	Administratio	n time:	Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:		
Immunization site:	mmunization site: 🛛 Right Forearm 🔤 Left Forearm 🔤 Right Triceps 🔲 Left Triceps					
Vaccination documentation completed in Patient Medical Record (if IHS Form 810 is completed)						

Signature and Title of Vaccinator

Date

## Purpose of form:

1. Serves as a record of Jynneos vaccine administered to EMPLOYEE

## Form instructions:

- 1. Print legibly in all fields using dark permanent ink
- 2. Section I, to be completed by EMPLOYEE
- 3. Section II, to be completed by HEALTHCARE PROFESSIONAL who administers vaccine
- 4. Completed form to be placed in Employee Medical File
- 5. If IHS-810 completed for disclosure to patient record, document vaccine as a historical record in RPMS