

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

Date:	Last Name (Print):	First Name (Print):	Middle Name (Print):
Date of Birth:	Chart Number (if known):	Allergies/Adverse Drug Reactions:	<input type="checkbox"/> NONE
Vaccine dose: <input type="checkbox"/> 1 st dose <input type="checkbox"/> 2 nd dose	If 2 nd dose, enter date and facility of previous dose(s):		
Jynneos Emergency Use Authorization (EUA) Fact Sheet or Vaccine Information Statement (VIS) received? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section II: To Be Completed By HEALTHCARE PROFESSIONAL Administering Vaccine

Immunization site: <input type="checkbox"/> Right Forearm <input type="checkbox"/> Left Forearm <input type="checkbox"/> Right Triceps <input type="checkbox"/> Left Triceps			
<input type="checkbox"/> Jynneos: 18 years and older <input type="checkbox"/> 1 st dose 0.1 mL INTRADERMAL <input type="checkbox"/> 2 nd dose 0.1 mL INTRADERMAL			
<input type="checkbox"/> Jynneos: 18 years and older WITH history or risk of keloid scars <input type="checkbox"/> 1 st dose 0.5 mL SUBCUTANEOUS <input type="checkbox"/> 2 nd dose 0.5 mL SUBCUTANEOUS			
<input type="checkbox"/> Jynneos: LESS THAN 18 years <input type="checkbox"/> 1 st dose 0.5 mL SUBCUTANEOUS <input type="checkbox"/> 2 nd dose 0.5 mL SUBCUTANEOUS			
Lot Number:	Expiration:	Administration time:	Date of Vaccine Information Statement (VIS) or Emergency Use Authorization (EUA) Fact Sheet:
Administration notes:			
<input type="checkbox"/> Vaccine literature provided		Education duration (minutes): _____	
<input type="checkbox"/> Information given on benefits, side effects, post immunization care		Education duration (minutes): _____	
<input type="checkbox"/> Provided information on following the required schedule for vaccinations		Education duration (minutes): _____	
Level of Understanding: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		Readiness to Learn: <input type="checkbox"/> Receptive	
Comments:		<input type="checkbox"/> Other:	
Assessment after injection: <input type="checkbox"/> Patient left before assessment completed <input type="checkbox"/> Patient assessed after 15 minutes <input type="checkbox"/> No reaction noted <input type="checkbox"/> Patient assessed after 30 minutes (history of anaphylaxis or reactions) <input type="checkbox"/> No reaction noted			Return Date (if applicable): <input type="checkbox"/> Vaccination documentation completed in EHR

Signature and Title of Vaccinator

Date

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 HEALTHCARE PROFESSIONAL who administers vaccine
4. Information from form is to be electronically recorded in RPMS EHR