

<b>DATE:</b>
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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Chart Number: \_\_\_\_\_

Telephone: \_\_\_\_\_

1. Are you feeling sick today?.....**YES NO Don't know**

2. Do you have any signs/symptoms of Monkeypox?.....**YES NO Don't know**

This includes new or unexplained rash on/near genitals, anus, hands, feet, chest, face, or mouth; fever; chills; swollen lymph nodes; exhaustion; muscle aches and backache; headache; respiratory symptoms such as sore throat, nasal congestion, or cough

3. Which vaccine eligibility criteria do you meet (mark one)?

Pre Exposure Prophylaxis (PrEP)

- Anyone (any sexual orientation or gender identity) who has had close physical contact with someone who has monkeypox in the last 14 days.
- Anyone (any sexual orientation or gender identity) who:
  - Has had multiple sexual partners in the last 14 days, or
  - Has had sexual partners they did not previously know in the last 14 days, or
  - Has had close physical contact with other people in a venue where anonymous or group sex may occur in the last 14 days, or
  - Was diagnosed with gonorrhea, chlamydia or syphilis in the past three months, or
  - Already uses or is eligible for HIV PrEP (medication to prevent HIV, e.g. Truvada or Descovy or Apretude) or has HIV infection, or
  - Engages in commercial and/or transactional sex (e.g. sex in exchange for money, shelter, food, and other goods or needs).
- Anyone (any sexual orientation or gender identity) identified by public health as a known high-risk contact of someone who has monkeypox.

Post Exposure Prophylaxis (PEP)

- People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment

Expanded Post Exposure Prophylaxis (PEP++)

- People who are known contacts to someone with monkeypox who are identified by public health authorities, for example via case investigation, contact tracing, or risk exposure assessment
- People who are aware that a recent sex partner within the past 14 days was diagnosed with monkeypox
- Certain gay, bisexual, or other men who have sex with men, or transgender and gender diverse people who have sex with men, who have had any of the following within the past 14 days: sex with multiple partners (or group sex); sex at a commercial sex venue; or sex in association with an event, venue, or defined geographic area where monkeypox transmission is occurring

Other at-risk group

4. Have you received any previous doses of the JYNNEOS vaccine?.....**YES NO Don't know**  
 If Yes, provide the following details:  
 Where did you receive it? \_\_\_\_\_  
 Date? \_\_\_\_\_

5. Do you have a history of any of the following? Check all that apply to you:
- Keloid scarring
  - History of a severe allergic reaction (e.g., anaphylaxis) after a previous dose of JYNNEOS
  - History of severe allergic reaction (e.g., anaphylaxis) following gentamicin or ciprofloxacin
  - History of severe allergic reaction (e.g., anaphylaxis) to chicken or egg protein AND are currently avoiding exposure to all chicken or egg products

Vaccinator to complete information below this line

<b>JYNNEOS DOSE:</b> <input type="checkbox"/> 1 <sup>st</sup> dose <input type="checkbox"/> 2 <sup>nd</sup> dose <input type="checkbox"/> Patient refused dose <input type="checkbox"/> Patient not eligible		
<b>Administration Time:</b>	<b>Administered By:</b>	
<b>LOT#</b> <b>EXP</b>	<b>INJECTION VOLUME</b> <input type="checkbox"/> 0.1 mL <input type="checkbox"/> 0.5 mL	<b>Immunization Site</b> <input type="checkbox"/> R ARM SQ <input type="checkbox"/> L ARM SQ <input type="checkbox"/> R FOREARM ID <input type="checkbox"/> L FOREARM ID