JYNNEOS Monkeypox Vaccine Registration Form

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender at Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender Identity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indication (select one):

* PrEP: healthcare worker or laboratory technician at high likelihood of work-related exposure to monkeypox
* PEP: close contact of someone with monkeypox
* PEP++: close contact of a high risk setting or gay/bisexual man who has sex with other men

Have you previously had a dose of JYNNEOS monkeypox vaccine? (please circle) Yes No

If yes, what was the date? \_\_\_\_/\_\_\_\_/\_\_\_\_

*I have received a copy of the vaccine information statement (VIS). I understand that this vaccine is a public health vaccine and this clinic is collaborating with South Heartland District Health Department.*

*Administration dosage policy: \_\_\_\_\_* 1 Patient, 0.5 mL, SQ *\_\_\_\_\_* more than 1 Patient, 0.1 mL ID

Recipient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Administering Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dose 1 \_\_ Dose 2 \_\_

**Site:** Arm OR Forearm Right Left **Route**: SQ ID

**Lot #:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Exp**. \_\_\_\_\_\_\_\_\_\_\_\_\_\_