

# MPX Vaccination Registration Form



The following questions will help determine if there is any reason we should not give you (or your child) the MPX vaccine. Answering "yes" to any question does not necessarily mean you (or your child) should not be vaccinated. It simply means additional questions must be asked. If a question is unclear, please ask your healthcare provider to help explain.

## Patient information

_____ <b>First name</b>	_____ <b>Last name</b>	
_____ <b>Suffix (optional)</b>	_____ <b>Date of birth (MM/DD/YYYY)</b>	_____ <b>Age</b>
_____ <b>Parent/Guardian first name</b>		

## Contact information

_____ <b>Mailing address</b>	_____ <b>City</b>	_____ <b>Zip code</b>
_____ <b>Mobile number</b>	_____ <b>Email address</b>	

## Current Gender Identity

- Genderqueer or non-binary    Woman/Female    Man/Male    Trans Female/Trans Woman    Trans Male/Trans Man    Prefer not to say  
 Identity not listed

## Which of the following best represent the patient's sexual orientation?

- Bisexual    Gay, lesbian, or same-gender loving    Heterosexual or straight    Questioning, unsure    Prefer not to say  
 Orientation not listed

## What sex is listed on the patient's birth certificate?

- Female    Male    Nonbinary or intersex    Prefer not to say

## Is the patient Hispanic, Latino, or of Spanish origin?

- Yes    No

## What is the patient's race or nationality?

- American Indian    Asian    Black or African American    Native Hawaiian or Other Pacific Islander    White    Prefer not to say  
 Race not listed

## Health insurance

Do you have health insurance?  Yes  No

If yes,

Insurance provider	Primary carrier's full name
Relationship with primary carrier	Policy number

## Medical screening questions

1. Are you sick today?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
2. Have you recently been diagnosed with monkeypox? If yes, when were you diagnosed? ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
3. Have you ever received a dose of monkeypox or smallpox vaccine? If yes, Which vaccine product? <input type="checkbox"/> JYNNEOS <input type="checkbox"/> ACAM2000 Date of vaccination ____/____/____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
4. Have you had a severe allergic reaction (for example, anaphylaxis) to a prior dose of JYNNEOS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
5. Have you ever had a severe allergic reaction (for example, anaphylaxis) to any medication, vaccine or food? If yes, which medication, vaccine or food? _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
6. Do you have a history of keloid scar formation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
7. Are you pregnant or think you might be pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
8. Are you breastfeeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
9. Do you have a weakened immune system caused by something such as HIV infection or cancer or take immunosuppressive drugs or therapies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know

## Information on the risks and benefits of the JYNNEOS vaccine

Currently, the U.S. Food and Drug Administration (FDA) has authorized emergency use authorization (EUA) for the JYNNEOS vaccine to allow healthcare providers to use the vaccine by intradermal injection for individuals 18 years of age and older who are determined to be at high risk for monkeypox infection. The EUA also allows for use of the vaccine in individuals younger than 18 years of age determined to be at high risk of monkeypox infection; in these individuals JYNNEOS is administered by subcutaneous injection. [Monkeypox Update: FDA Authorizes Emergency Use of JYNNEOS Vaccine to Increase Vaccine Supply | FDA](#)

- FDA Fact Sheet for JYNNEOS recipients and caregivers: <https://www.fda.gov/media/160773/download>
- JYNNEOS Vaccine Information Statement: [Vaccine Information Statement: Smallpox/Monkeypox Vaccine \(JYNNEOS™\): What You Need to Know \(cdc.gov\)](#) – Spanish: [https://www.immunize.org/vis/pdf/spanish\\_smallpox\\_monkeypox.pdf](https://www.immunize.org/vis/pdf/spanish_smallpox_monkeypox.pdf)

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### Minor consent

I declare that I am (must check one):

- The parent of the named minor child.
- The legal guardian of the named minor child.
- An emancipated minor at least 16 years of age.
- A person with authority to make healthcare decisions on behalf of the named minor child.
  - o Describe legal relationship here: \_\_\_\_\_

### I attest to the following

All boxes must be checked in order for the minor to be vaccinated:

- I have read and understand the JYNNEOS Emergency Use Authorization (EAU), Fact Sheet and Vaccine Information Statement above and understand the risks and benefits.
- I GIVE CONSENT for the minor patient to receive the JYNNEOS vaccine. [If you do NOT give consent, do not complete this form.]
- I understand that by providing my voluntary consent, the minor patient can receive the JYNNEOS vaccine with or without a parent or guardian being physically present at the vaccination appointment.
- I consent to and authorize all medically necessary treatment in the rare event that the minor patient has a reaction to the vaccine, including but not limited to redness, swelling, tiredness, chills, fever, and other reactions.

### Parent/guardian information

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**Please write your full name**

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**Email address**

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**Mobile number**

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**Address** (Street number & name, City, State, Zip code)

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### CONSENT

- I understand that all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the patient's CAIR2 record will be shared with the local health department and California Department of Public Health, shall be treated as confidential medical information, and shall be used only as allowed by law. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by visiting the request to lock my CAIR record web form:  
<https://cairforms.cairweb.org/SharingRequestForm/SharingRequestForm?SharingType=1&Language=En>
- I have read, or had explained to me, the Vaccine Information Statement (VIS) about JYNNEOS vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I understand that JYNNEOS is a two (2) dose vaccine, given 28-35 days apart, and both doses are required for best vaccine efficacy. I request that the JYNNEOS vaccination be given to me (or the person named above for whom I am authorized to make this request).

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**Patient or Parent/guardian signature**

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**Date signed** (MM/DD/YYYY)

***For staff use only***

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**Name**

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**Signature**

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**Date**

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**Time**

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**Clinic**

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**Product (MPX)**

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**Dose no.**

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**Dose (ML)**

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**Asset name**

**Injection site:**    RA    LA

**Asset name:**    ID    SQ