



JYNNEOS Vaccine Screening and Consent Form*

Form with fields for Recipient Name, Address, Parent/Guardian, DOB, Sex, Marital Status, Ethnicity, Race, Insurance, and Clinic/Office Site.

Screening Questionnaire

10 screening questions regarding diagnosis, age, symptoms, allergies, and vaccination status.

11.	JYNNEOS vaccine is available to help protect against MPV infection and is recommend for those who are at risk of becoming infected.** Do you understand the risks and benefits of the JYNNEOS vaccine and consent to receiving the vaccine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
12.	If you are 19 or older: Do you consent to release your immunization record to NYSIIS where it will be available to your healthcare provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

**For more information regarding the current outbreak and how MPV is spreading in New York State, please visit the NYSDOH Monkeypox Vaccine Information webpage: <https://health.ny.gov/diseases/communicable/zoonoses/monkeypox/>.

Consent

I have read, or had explained to me, the Vaccine Information Statement (VIS) about JYNNEOS vaccination (if 18 years or older) or the Emergency Use Authorization (EUA) fact sheet (if 17 years or younger). These documents are also available in Spanish: https://www.immunize.org/vis/pdf/spanish_smallpox_monkeypox.pdf (and) <https://www.cdc.gov/poxvirus/monkeypox/files/interim-considerations/jynneos-factsheet-recipients-caregivers-spanish.pdf>. 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). I authorize the release of any medical or other information necessary to process a Medicare or other insurance claim or for other public health purpose. I have received a copy of the Patient Bill of Rights.

I have also been advised that I may report any adverse events that I may experience to my healthcare provider or to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967 and www.vaers.hhs.gov.

I understand there will be no cost to me for this vaccine. I understand that any monies or benefits for administering the vaccine will be assigned and transferred to the vaccinating provider, including benefits/monies from my health plan, Medicare or other third parties who are financially responsible for my medical care. I authorize release of any information needed (including but not limited to medical records, copies of claims and itemized bills) to verify payment and for other public health purposes.

 Recipient/Surrogate/Guardian (Signature) Date / Time Print Name Relationship to Patient (if other than recipient)

 Telephonic Interpreter's ID # Date / Time
OR

 Signature: Interpreter Date/ Time Print: Interpreter's Name and Relationship to Patient

Area Below to be Completed by Vaccinator						
Which vaccine is the patient receiving today?						
Vaccine Name	Administration Route		Dose		Manufacturer & Lot #	VIS Sheet Date
JYNNEOS	<input type="checkbox"/> Subcutaneous	<input type="checkbox"/> Intradermal	<input type="checkbox"/> First dose	<input type="checkbox"/> Second dose		
Administration Site	<input type="checkbox"/> Left triceps area <input type="checkbox"/> Right triceps area <input type="checkbox"/> Volar aspect of forearm (preferred for intradermal) <input type="checkbox"/> Back under the shoulder blade <input type="checkbox"/> Upper chest <input type="checkbox"/> Other _____					
Dosage	<input type="checkbox"/> 0.1 ml	<input type="checkbox"/> 0.5 ml				

I have provided the patient (and/or parent, guardian, or surrogate, as applicable) with information about the vaccine and consent to vaccination was obtained.

Vaccinator Signature: _____

* Use of this form is optional.

October 28, 2022