New York State Department of Health
Bureau of Immunization

JYNNEOS Vaccine Screening and Consent Form*

Recipient Name (please print)		Preferred Name	
DOB	Current Gender ID Indicate ID Below: ☐	**Key:** W – Woman/Girl TW – Transgender Woman/Girl M – Man/Boy TM – Transgender Man/Boy NB – Non-Binary Person GNC – Gender Non-Conforming Q – Not Sure/Questioning NR – Chose not to Respond GNL - Gender not Listed (write-in) * Gender Pronouns: write-in by client's name	
Sex Assigned at Birth Indicate Sex Below: ☐	**Key:** M – Male F – Female I – Intersex NR – Chose not to Respond	Marital Status Indicate Status Below: ☐	**Key:** S – Single D – Divorced M – Married W – Widowed V – Civil Union U – Unknown SEPARATED – Legally Separated PARTNER – Life Partner
Address City State Zip			Email Address
Parent/Guardian/ Surrogate (if applicable, please print)		Phone	Preferred Language
Ethnicity Indicate Ethnicity Below: ☐	**Ethnicity Key:** DECL – Declined HIS – Hispanic Origin NHL – Non-Hispanic Origin UNK – Unknown	Race Indicate Race Below: ☐	**Race Key:** AIA – Native American or Alaskan ASN – Asian BAA – African American or Black DECL – Declined NHP – Native Hawaiian or Pacific Islander WHT – White OTH – Other or Multiracial
Primary Insurance Name		Primary Insurance ID#	Subscriber Name/DOB / Subscriber Relation to Patient
Primary Insurance Address		Primary Insurance Group #	Primary Insurance Phone #
Secondary Insurance Name		Secondary Insurance ID#	Subscriber Name/DOB / Subscriber Relation to Patient
Secondary Insurance Address		Secondary Insurance Group #	Secondary Insurance Phone #
Clinic/Office Site Where Vaccine is Administered		Primary Care Physician Address/Phone Number	

Screening Questionnaire

1.	Have you had a **known** exposure to a suspected or confirmed monkeypox case within the past 14 days, or have you been diagnosed with the Monkeypox virus since 5/17/2022?	☐ Yes	☐ No	☐ Unknown
2.	Are you at high risk of having had a **potential recent** exposure to monkeypox (within the past 14 days)? This may include intimate, or skin-to-skin contact, with others in areas where monkeypox is spreading.	☐ Yes	☐ No	☐ Unknown
3.	Do you feel that you may be at risk of **future** exposure to monkeypox, even though you are not at high risk of a recent exposure to monkeypox within the past 14 days?	☐ Yes	☐ No	☐ Unknown
4.	Will you be under the age of 18 on the day of your appointment?	☐ Yes	☐ No	☐ Unknown

5.	Are you feeling sick today?	□ Yes	□ No	□ Unknown
6.	Have you ever had an immediate allergic reaction, such as hives, facial swelling, difficulty breathing, or anaphylaxis, to any vaccine, injection, or antibiotic, or to any component of the JYNNEOS vaccine?	□ Yes	□ No	□ Unknown
7.	Have you had a JYNNEOS vaccine in the last 4 weeks? If so, when? Date: _____	□ Yes	□ No	□ Unknown
8.	Have you had a COVID-19 mRNA vaccine (Pfizer or Moderna) within the last 4 weeks, or are you planning on receiving a COVID-19 mRNA vaccine within the next 4 weeks?	□ Yes	□ No	□ Unknown
9.	Are you currently pregnant, planning to become pregnant, or breastfeeding?	□ Yes	□ No	□ Unknown
10.	Are you moderately or severely immunocompromised due to one or more of the medical conditions or receipt of immunosuppressive medications or treatments?	□ Yes	□ No	□ Unknown
11.	Do you have a history of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the lining around the heart?	□ Yes	□ No	□ Unknown
12.	Have you read and reviewed the Vaccine Information Statement (VIS) for the JYNNEOS vaccine? (JYNNEOS dated 6/1/22) https://www.cdc.gov/vaccines/hcp/vis/vis-statements/smallpox-monkeypox.pdf	□ Yes	□ No	□ Unknown
13.	Do you understand the risks and benefits of the JYNNEOS vaccine and consent to receiving the vaccine?	□ Yes	□ No	□ Unknown

Consent

I have read, or had explained to me, the Vaccine Information Statement (VIS) about **JYNNEOS** vaccination. The VIS is also available in Spanish: https://www.immunize.org/vis/pdf/spanish_smallpox_monkeypox.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 VaccineAdverse Event Reporting System 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 willbe 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, including reporting to applicable vaccine registries.

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

Telephonic Interpreter's ID # **OR**	Date / Time	

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	**Subcutaneous Administration**					**VIS Sheet Date**	**Manufacturer & Lot #**
JYNNEOS	□ First Dose	□ Second Dose					
Administration Site	□ Left Triceps Area	□ Right Triceps Area					
Dosage	□ 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.** **August 4, 2022**