

Mpox Vaccine JYNNEOS[®] Vaccination Consent Form

1. Basic information of vaccinee:

(1) Name: _____

(2) Sex: Male Female

(3) I.D./ Alien Residence Certificate: _____

(4) Date of birth: _____ (YYYY/MM/DD)

(5) Mobile phone: (____)_____

(6) Address: _____,

_____Township/District, _____ County (City)

(7) Have you ever received Mpox vaccine?

No; Yes · date of vaccination_____; unsure

2. Vaccinee are required to read the Mpox vaccine Information Sheet for Immunization carefully. Please verify and tick:

Assessment content	No	Yes	Unsure
1. Are you experiencing suspected symptoms of Mpox?			
2. Have you experienced severe allergic reactions to vaccines or medications in the past?			
3. Are you allergic to other components of the vaccine?			
4. Do you have a weakened immune system, for instance, because you' re on an immunosuppressive therapy?			
5. Are you currently pregnant or breastfeeding?			
6. Body temperature: _____°C			

I have fully understood the vaccine's protective effects, adverse reactions, contraindications, inoculation procedures, and post-inoculation precautions, and I hereby consent to:

I consent to receiving immunization of Mpox vaccine.

First dose

Second dose, date of first dose inoculation _____ (YYYY/MM/DD)

I do not consent to receiving immunization of Mpox vaccine.

Signature of vaccine recipient: _____

Date: _____ (YYYY/MM/DD)

Signature of legal representative: _____

Date: _____ (YYYY/MM/DD)

***After filling out this information sheet, hand it over to the health care providers for evaluation.**

***Physician Assessment Box (To be filled out by the physician)**

Pre-exposure prophylaxis (PrEP)

Post-exposure prophylaxis (PEP)

Vaccine	Dose	If inoculation is allowed		Signature of physician	Other remarks
		Yes	No		
Monkey pox vaccine JYNNEOS®	0.5ml/ subcutaneous injection				
	0.1ml/ intradermal injection				

Vaccination medical institution: _____

VARCHAR(10) of medical institution: _____