

JYNNEOS® Vaccine Consent Form

Section 1: Personal Details - Complete this part for the person getting vaccinated (please print clearly)

Name:

Date of Birth:

Please answer the following questions:	Circle your answer	
Are you currently ill or exhibiting any symptoms of monkeypox?	Yes	No
Have you ever received JYNNEOS® or another smallpox /monkeypox vaccine within the past 3 years?	Yes	No
Do you have a history of keloids or thick, raised scarring?	Yes	No
Have you had any allergies to eggs or egg products (including chicken or feathers) in the past?	Yes	No
Have you had any allergies to gentamicin or ciprofloxacin?	Yes	No
Have you had any allergies to any vaccines in the past?	Yes	No
Do you have any other allergies?	Yes	No

Section 2: Consent - Please check the box for each statement and sign to give consent to be vaccinated.

I understand that JYNNEOS is a vaccine authorized by the U.S. Food and Drug Administration (FDA) for prevention of monkeypox disease.

I have been provided and have read the FDA emergency use authorization (EUA) for the JYNNEOS Monkeypox vaccine.

I give consent to the Hudson Regional Health Commission and associated staff to administer this vaccine to me and document in the NJ Immunization Information System (NJIS).

Signature: _____ Date: _____