

Jynneos Use During Monkeypox Response: Vaccine Accountability Form

Please complete and return this form within 7 calendar days of vaccine administration to CDC via email: regaffairs@cdc.gov or fax: 404-902-5921.

- If your institution has remaining vaccine supply at the time of initial completion and return of this form, please add additional vaccine administration information to the form and return the updated form **every 7 calendar days** until all vaccine doses have been used or disposed of.
- Please ask if the vaccinees agree to providing CDC their name and contact information for receiving vaccine survey(s).

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| Institution Name | | | | | | | | | | | | | |
| Number of vials received and receipt date | | | | | | Lot number(s) | | | | | | | |
| Vaccine Provider's Name (<i>print</i>) | | | | | | Vaccine Provider's Contact Information (telephone and email address) | | | | | | | |

| Name of Vaccinee (Last, First) | Contact info: Phone (cell preferred) and Email | Agreed to be contacted by CDC | Sex | Age | Dose | Date of Vaccination | Lot# | Indicated Use | | Occupational Risk Groups | | Non-occupational Risk Groups | | Comments |
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| | | | | | | | | PEP | PrEP | Healthcare Worker/Responder | Laboratory Worker | Contact of Confirmed MPX Case | Other | |
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| Number of vials used | Number of vials discarded | Number of unused vials remaining: As of date (mm/dd/yyyy): |
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Additional fields if necessary: Please complete the fields below to document the use of vaccine at your facility/site.

| Name of Vaccinee (Last, First) | Contact info: Phone (cell preferred) and Email | Agreed to be contacted by CDC | Sex | Age | Dose | Date of Vaccination | Lot# | Indicated Use | | Occupational Risk Groups | | Non-occupational Risk Groups | | Comments |
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| | | | | | | | | PEP | PrEP | Healthcare Worker/ Responder | Laboratory Worker | Contact of Confirmed MPX Case | Other | |
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