

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).

Institution Name

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
								PEP	PrEP	Healthcare Worker/ Responder	Laboratory Worker	Contact of Confirmed MPX Case	Other	
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