

Health declaration

Monkeypox vaccination with Imvanex

Name:

Date of birth:

Before you come to the vaccination site:	
1. Do you have a temperature of 38 degrees or higher on the day of the vaccination? If so, please get in touch with a doctor first before you come to the vaccination site to assess whether you might currently have monkeypox. The doctor might decide that a monkeypox test should be taken first.	<input type="checkbox"/> yes <input type="checkbox"/> no
2. Do you have any other symptoms that could indicate monkeypox infection, such as a rash with blisters, headache, muscle ache, swollen lymph nodes, fatigue? If so, please get in touch with a doctor first before you come to the vaccination site to assess whether you might currently have monkeypox. The doctor might decide that a monkeypox test should be taken first.	<input type="checkbox"/> yes <input type="checkbox"/> no

Medical	
3. Have you been vaccinated against smallpox in the past? If yes: please tell the doctor or nurse, as only one jab will usually be enough in this case.	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> don't know
4. Have you previously been given the Imvanex vaccine? If yes: when? Was this due to contact with someone with monkeypox?	<input type="checkbox"/> yes <input type="checkbox"/> no Date: <input type="checkbox"/> yes <input type="checkbox"/> no
5. Have you had monkeypox before?	<input type="checkbox"/> yes <input type="checkbox"/> no
6. Do you have a weakened immune system due to a medical condition or due to medication that suppresses the immune system? Such as: a. HIV b. Autoimmune diseases (e.g. rheumatoid arthritis, Crohn's disease or ulcerative colitis, psoriasis, multiple sclerosis) for which you need to take medication c. Dialysis d. Organ transplantation (kidney, lung, heart, liver) e. Cancer that you are currently being treated for f. Blood cancer (leukaemia or lymphoma) or stem cell transplantation or current treatment by a haematologist g. Serious congenital immune deficiency h. Other If yes: please tell the doctor or nurse what condition you have and what medication you are taking. This will enable the doctor or nurse to assess whether you are eligible for a 2 nd vaccination after 28 days. Condition: Medication:	<input type="checkbox"/> yes <input type="checkbox"/> no

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7. Have you ever had a serious allergic reaction, e.g. to medication (including antibiotics) or vaccines? <input type="checkbox"/> yes <input type="checkbox"/> no If so, to what? Did you receive treatment for this? <input type="checkbox"/> yes <input type="checkbox"/> no Please discuss the allergic reaction with the doctor or nurse.
8. Have you ever had a serious allergic reaction to chicken protein? <input type="checkbox"/> yes <input type="checkbox"/> no Did you receive treatment for this? <input type="checkbox"/> yes <input type="checkbox"/> no
9. Are you pregnant or breastfeeding? <input type="checkbox"/> yes <input type="checkbox"/> no If pregnant: you can still get vaccinated, but please discuss this with the doctor or nurse first.
10. Have you ever fainted after a vaccination? <input type="checkbox"/> yes <input type="checkbox"/> no
11. Are you scheduled to have an operation under general anaesthetic in the near future? <input type="checkbox"/> yes <input type="checkbox"/> no If yes: when? Date:
12. Have you had another vaccination in the past 4 weeks, or are you scheduled to have another vaccination in the next 4 weeks? <input type="checkbox"/> yes <input type="checkbox"/> no
13. Have you recently had or are you about to have an intravenous immunoglobulin (IVIg) transfusion? <input type="checkbox"/> yes <input type="checkbox"/> no
14. Have glands in the armpit been removed in the past? <input type="checkbox"/> yes <input type="checkbox"/> no If so: which side?
15. Have you ever had an epileptic fit during a fever or following a vaccination? <input type="checkbox"/> yes <input type="checkbox"/> no
16. Are you suffering from any topical side effects of the first Imvanex vaccination even now? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, which?

If you answered 'yes' to 1 or more questions,

you will need to have a talk with the doctor or nurse to ensure that your vaccination goes well.