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? | yes  no |
|  | If so, please get in touch with a doctor first before you come to the vaccination site to assess whether you might currently have mpox. The doctor might decide that a mpox test should be taken first. |  |
| 2. | Do you have any other symptoms that could indicate mpox infection, such as a rash with blisters, headache, muscle ache, swollen lymph nodes, fatigue? | yes  no |
|  | If so, please get in touch with a doctor first before you come to the vaccination site to assess whether you might currently have mpox. The doctor might decide that a mpox test should be taken first. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Medical** | | | | | |
| 3. | Have you been vaccinated against smallpox in the past? | | | yes  no  don’t know | |
|  | If yes: please tell the doctor or nurse, as only one jab will usually be enough in this case. | | |  | |
| 4. | Have you previously been given the Imvanex vaccine? | | | | yes  no |
|  | If yes: when? | | | | Date: ……………………… |
|  | Was this due to contact with someone with mpox? | | | | yes  no |
| 5. | Have you had mpox before? | | | | yes  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:   * 1. HIV   2. Autoimmune diseases (e.g. rheumatoid arthritis, Crohn’s disease or ulcerative colitis, psoriasis, multiple sclerosis) for which you need to take medication   3. Dialysis   4. Organ transplantation (kidney, lung, heart, liver)   5. Cancer that you are currently being treated for   6. Blood cancer (leukaemia or lymphoma) or stem cell transplantation or current treatment by a haematologist   7. Serious congenital immune deficiency   8. Other | | | | yes  no |
|  | 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 2nd vaccination after 28 days. | | | |  |
|  | Condition: | ……………………………………………………………………………………………… | | | |
|  | Medication: | ……………………………………………………………………………………………… | | | |
| 7. | Have you ever had a serious allergic reaction, e.g. to medication (including antibiotics) or vaccines? | | | | yes  no |
|  | If so, to what? | | ……………………………………………………………………………………… | | |
|  | Did you receive treatment for this? | | | | yes  no |
|  | Please discuss the allergic reaction with the doctor or nurse. | | | |  |
| 8. | Have you ever had a serious allergic reaction to chicken protein? | | | | yes  no |
|  | Did you receive treatment for this? | | | | yes  no |
| 9. | Are you pregnant or breastfeeding? | | | | yes  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? | | | | yes  no |
| 11. | Are you scheduled to have an operation under general anaesthetic in the near future? | | | | yes  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? | | | | yes  no |
| 13. | Have you recently had or are you about to have an intravenous immunoglobulin (IVIg) transfusion? | | | | yes  no |
| 14. | Have glands in the armpit been removed in the past? | | | | yes  no |
|  | If so: which side? | | | |  |
| 15. | Have you ever had an epileptic fit during a fever or following a vaccination? | | | | yes  no |
| 16. | Are you suffering from any topical side effects of the first Imvanex vaccination even now? | | | | yes  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.