



**Smallpox/Monkeypox Vaccination Receipt Form
Certificate of Immunization**

Please provide a copy of the following information to your medical provider.

The person below received a smallpox/monkeypox vaccine today.

Patient Name: _____

Patient's Preferred Name: _____

Date of Birth: _____

Vaccine received:

Adult (> 17 years old) **< 18 years old**

Live Monkeypox Vaccine - JYNNEOS 0.5mL SQ

Live Monkeypox Vaccine - JYNNEOS 0.1mL ID

Injection site (*check one*):

Forearm Right Left

Scapula Right Left

Upper Arm Right Left

Manufacturer: Bavarian Nordic JYNNEOS

Lot#: _____ Exp: _____

VIS Provided - Statement Date: 6/1/2022

Vaccinator's name (please print): _____

Signature: _____

Date: _____