

Monkeypox Vaccine Administration Form

Email completed form to the vaccine team for each vial opened at: snsvaccinerequest@wv.gov

This form must be filled out in its entirety to receive additional vaccine

Screening of eligibility must take place with each immunization. I certify that the history given meets the following criteria for which I am administering the Monkeypox Vaccine (JYNNEOS):

Expanded Post Exposure Prophylaxis (PEP++)

- Gay, bisexual, or other man with has sex with men, and/or transgender, gender non-conforming, or gender non-binary AND;
- Have had multiple or anonymous sex partners in the last 14 days

OR

Post Exposure Prophylaxis (PEP)

- Have had known exposure to a probable or confirmed monkeypox case within the past 14 days

OR

Pre-Exposure Prophylaxis (PrEP)

- Research laboratory personnel working with orthopoxviruses, clinical laboratory personnel performing diagnostic testing for orthopoxviruses, and designated local health department staff

Date vial was opened: _____

First Name	Last Name	Lot Number	Expiration Date	Eligibility Criteria			Administration / Dose
				PEP	PEP++	PrEP	

Total vials left at your facility: _____

The vaccine is stable until it's expiration date if frozen, it is good for 8 weeks at refrigerated temperature and,
once opened it is good for 8 hours and should be refrigerated between doses.

Please report all wasted doses in the "First Name" column as "Waste" and properly dispose of unused portions after the 8-hour period.

DO NOT REFREEZE

Eligibility for Monkeypox vaccination may change as the outbreak evolves and based on vaccine supply.