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Department of Health
Munaqhiliqiyitkut
Ministère de la Santé

IMVAMUNE VACCINE CONSENT FORM

Please fill in or put label:
Last Name____________________________
First Name____________________________
Community____________________________
DOB (dd/Month/yyyy)____________________

Please ensure name, community and date of birth are completed above.

Health card number: ____________________________________ **House number**: ______________________________

Phone number: ________________________ **Email address**: ___________________________________

Gender: Man ☐ Woman ☐ Prefer to self-describe ☐ __________ **Age:** ________

How many doses of smallpox/monkeypox vaccine(s) have you had before? None ☐ One ☐ Two ☐

If you have previously received a smallpox/monkeypox vaccine, specify the **name and date of the previous smallpox /monkeypox vaccine(s) you have received**, if known.

Name of vaccine: _________________________ Date: _____/______/______ (month / day / year)

Name of vaccine: _________________________ Date: _____/______/______ (month / day / year)

Are you feeling ill today?	No ☐ Yes ☐ If yes, please provide details
Do you have or have you had a monkeypox infection?	No ☐ Yes ☐ If yes, please indicate when the symptoms started, if known.
If you have had one or more previous orthopoxvirus vaccine (Smallpox vaccine; live (freeze-dried), Smallpox vaccine; live (frozen-liquid) and/or IMVAMUNE), did you have any side effects after any previous dose(s) (including allergic reactions, hypersensitivity reactions or heart inflammation [myocarditis/pericarditis])**?**	No ☐ Yes ☐ If yes, please provide details
Are you allergic to eggs or egg products? [1] *Allergic reactions are not a contraindication to immunization with egg protein-containing vaccines. Ask your health care provider who may advise on extra precautions*	No ☐ Yes ☐ If yes, please provide details
Are you allergic or could you be allergic to tromethamine[2] (trometamol, Tris), benzonase[3], gentamicin[4] or ciprofloxacin[4] which are contained in the vaccine?	No ☐ Yes ☐ If yes, please provide details
Have you had an allergic reaction to another vaccine (another type of smallpox/monkeypox vaccine or a non-smallpox/monkeypox vaccine) or other medication given by injection or intravenously in the past?	No ☐ Yes ☐ If yes, please provide details
Are you or could you be pregnant or are you breastfeeding?	No ☐ Yes ☐

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Do you have any problems with your immune system or are you taking any medications that can affect your immune system (e.g., high dose steroids, chemotherapy, some arthritis medications)? *Ask the health care provider if you are not sure about your medical conditions*	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Do you have skin conditions such as atopic dermatitis? *Ask the health care provider if you are not sure about your medical conditions*	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Have you recently received specific medications for monkeypox treatment (e.g., immunoglobulins)?	No ☐ Yes ☐ If yes, please provide the date of the treatment
Have you received another vaccine in the last four weeks, or do you anticipate receiving a vaccine in the next 4 weeks? *To minimize the potential risk of interactions, it is recommended to administer certain types of vaccines 4 weeks before or after administration of IMVAMUNE. Consult your health care provider.*	No ☐ Yes ☐ Uncertain ☐ If yes, please provide details
Have you ever felt faint or fainted after a past vaccination or medical procedure?	No ☐ Yes ☐ If yes, please provide details

1. In Canada, there are several vaccines manufactured by processes involving hens' eggs or their derivatives, such as chick cell cultures
2. Tromethamine (trometamol, Tris) may very rarely cause allergic reactions and is found in some medications injected to do tests (contrast media) as well as other medications taken by mouth or injection, and some creams and lotions. Note that this is not a complete list.
3. Benzonase is used for purification of viral vaccines, viral vectors for vaccine, cell and gene therapy, and oncolytic viruses, removing DNA/RNA from proteins and other biologicals; reduction of viscosity caused by nucleic acids; sample preparation in electrophoresis and chromatography and prevention of cell clumping
4. Gentamicin and ciprofloxacin are used as antibiotics in the treatment of some bacterial infections.

I have read (or it has been read to me) and I understand the "Information sheet for IMVAMUNE (smallpox/monkeypox) vaccine for adults 18 years of age and older". I have had the opportunity to ask questions and to have them answered to my satisfaction. I consent to receiving the vaccine.

Signature: ___________________________________

Print name: __________________________________

Date of signature: ______________________________

If signing for someone other than yourself, indicate your relationship to that other person:
____

☐ I confirm that I am the parent / legal guardian or substitute decision maker.

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DOB (dd/Month/yyyy)____________________

For Clinic Use Only

VACCINE	DOSE/ ROUTE	LOT NUMBER	EXPIRY DATE	SITE and ROUTE	TIME GIVEN	DATE GIVEN Month/day/ year	GIVEN BY Name and designation
IMVAMUNE smallpox / monkeypox vaccine	0.5 ml/SC						

Comments: