



Human Services

VOLUNTARY CONSENT TO MONKEYPOX VACCINE

Patient Information:

First Name: _____ Middle _____ Last _____

Date of Birth: ____/____/____ Age: _____

Address: _____

City/State: _____ Zip : _____

Phone: (____) _____ () Home () Cell Email: _____

Upon penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief this information is true and correct.

Acknowledgement of Receipt:

I/parental designee have received the Monkeypox Vaccine Emergency Use Authorization (EUA) Fact Sheet and I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) and request the vaccine(s) indicated below to be given to me or the person named above for whom I am authorized to make this request.

Table with 2 columns and 3 rows for signature and relationship information.