

# JYNNEOS Vaccine Consent for Individuals 12-17 Years of Age

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## Information on the risks and benefits of the JYNNEOS Vaccine

JYNNEOS (also known as Imvamune, Imvanex, MVA-BN) is an FDA-approved vaccine for the prevention of smallpox and monkeypox (MPX) in high-risk adults ( $\geq 18$  years of age) and an FDA-authorized vaccine for prevention of MPX in children ( $< 18$  years of age). It can be given after being exposed or potentially exposed to the virus, known as post-exposure prophylaxis (PEP), or for prevention of MPX disease in individuals determined to be at high risk for MPX infection, known as pre-exposure prophylaxis (PrEP). It is currently the only FDA-approved vaccine for the prevention of MPX.

To learn about the risks, benefits, and side effects of these vaccines, read the Fact Sheets for Recipients and Caregivers on the appropriate FDA webpage: <https://www.fda.gov/media/160773/download>

## Consent: I agree that

- 1) I have read, or had explained to me, the Vaccine Information Sheet about JYNNEOS vaccination. I have had a chance to ask questions, which were answered to my satisfaction, and I understand the benefits and risks of the vaccination as described. I understand that JYNNEOS is a two (2) dose vaccine, given 24-35 days apart, and both doses are required for best vaccine efficacy. I request that the JYNNEOS vaccination be given to me.
- 2) I understand that as required by state law (Health and Safety Code, § 120440), all immunizations will be reported to the California Immunization Registry (CAIR2). I understand the information in the CAIR2 record will be shared with the local health department and State Department of Public Health. It shall be treated as confidential medical information and shall be used only to share with each other or as allowed by law. Other entities (e.g., schools or parents) may have access to my vaccination record without my explicit consent. I may refuse to allow the information to be further shared and can request the CAIR2 record be locked by submitting the Request to Lock My CAIR Record form.
- 3) I understand that by signing this form, I give the City of Long Beach and participating vaccination partners permission to contact me regarding vaccine reminders and access to an electronic vaccination record.
- 4) I understand that I will not have to pay for either the vaccine or the cost of administering it. If I have health insurance, I understand that my insurance company may be billed for the cost of administering the vaccine.

## I can attest to the following: (check all that apply):

- I am aged 12-17 years and am seeking care for the prevention and/or treatment of MPX.
- I am in or have been in a valid marriage or domestic partnership, regardless of whether the marriage or domestic partnership has been dissolved.
- I am on active duty with the US armed forces.
- I am age 14 years or older and have obtained a declaration of emancipation.
- I am self-sufficient, as shown by the following (all three must be true):
  - I am age 15 years or older.
  - I live separate and apart from my parent(s) or legal guardian(s), whether with or without their consent and
  - I manage my own financial affairs.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**LONG BEACH**  
HEALTH & HUMAN SERVICES