Investigational Smallpox Vaccine
Screening and Consent Signature Form

Date:_____
Patient Identifying Number: _____
(Please check only one: ☐ SSN ☐ Passport # ☐ Driver's license # and Issuing State:____ Other ☐ , List:_____ None available☐)

Participant Information:
Print Name:_____ Date of Birth:_____ Sex: M☐ F☐
Current Address:_____
City *State* *Zip code* *Telephone Number*

Contact History:
Have you been told that you may have been a contact to someone with smallpox? Yes ☐ No☐
Have you been in contact with someone who had a bad rash in the past 3 weeks? Yes ☐ No ☐

Screening:
Do the following apply to you or your child?

Yes	No	Maybe	
☐	☐	☐	Immune system problems such as HIV/AIDS, cancer, leukemia, lymphoma, organ transplant, agammaglobulinemia
☐	☐	☐	Autoimmune system problem like lupus that weakens your immune system
☐	☐	☐	Currently taking medicines like oral steroids (such as prednisone), chemotherapy agents/radiation, or organ transplant medications.
☐	☐	☐	Eczema, atopic dermatitis, or a history of eczema or atopic dermatitis
☐	☐	☐	Other skin conditions such as burns, impetigo, contact dermatitis, or zoster.
☐	☐	☐	Currently pregnant
☐	☐	☐	Allergy to antibiotics polymyxin B, streptomycin, chlortetracycline, neomycin
☐	☐		Age less than 1 year old
☐	☐		Have additional questions about any health conditions you might have and whether you should be vaccinated
☐	☐		Are you less than 18 years of age and your parent or guardian is not with you?
☐	☐		Do you have any questions you would like to have answered before you decide on vaccination?
☐	☐		This adult is incapacitated and this screening/consent signature form is being completed by the parent or guardian [checked box for this question alone does not require additional screening counseling]

Participant Informed Consent Signature for Vaccination:

I HAVE:

- Viewed the vaccine informational video or read the video script in the packet, or talked with a translator.
- Received the information packet (which includes information on why this vaccine is being offered, why it is investigational, voluntary participation, benefits, risks, side effects, risks to contacts, precautions for vaccination and adverse events, Vaccinia Immune Globulin, cidofovir, care of my vaccination site, confidentiality, costs, what to do in case of injury, my right to refuse, alternative treatments, and contact information for problems or questions.)
- Completed the medical screening form
- Received counseling and additional information if I was identified as a contact or fell into any of the groups listed on the front of this form
- Had the opportunity to have my questions answered

I have been informed of why smallpox vaccine is being made available, the risks and benefits associated with vaccination and based on the information provided to me, I have decided to receive or have my child receive smallpox vaccination today.

Participant Signature/ Parent or Guardian:_____

FOR VACCINATOR USE ONLY

Vaccine clinic ID:_____ Vaccinator ID (name or ID number): _____
Vaccine Name: ☐ Dryvax ☐ Aventis ☐ ACAM1000 ☐ ACAM2000 Lot #: _____