If yes, date of first dose:

Yes o No o

Patient previously vaccinated with Imvanex® or other smallpox vaccine:

If yes, name of vaccine if not Imvanex®:

Date:

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Patient’s signature

NHS number:

Patient’s name:

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I have had the opportunity to read the information provided in the separate patient leaflet ‘Protecting you from monkeypox’: <https://qrco.de/mpxleaflet>

I consent to be immunised with the smallpox (MVA) vaccine by:

Organisation or department administering vaccine:

Organisation or department which administered first dose:

**Expiry date:**

**MVA vaccine batch number:**

Patient’s GP:

Patient’s address:

Postcode:

Date of birth:

Patient’s first name:

Surname:



Smallpox (MVA) vaccine

**Vaccination consent form**