Smallpox Vaccine VAERS Report Follow-up Worksheet
INSTRUCTIONS: To be used for follow-up of designated VAERS reports. Please request additional medical records such as hospital discharge summary as appropriate.

## **Smallpox Vaccination History**

VAERS ID: E-report #: Date of follow-up// Reviewer
Has the patient been vaccinated with smallpox vaccine before 2002?
☐ Never vaccinated ☐ Don't Know ☐ Vaccinated
Has the patient been vaccinated with smallpox vaccine recently (2002-3)? If so, when?
Vaccination date:// Patient Vaccination Number (PVN):
3. Has the patient been previously vaccinated with smallpox vaccine? Yes No Don't know
If yes, when? In childhood On entry into the military Laboratory worker
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Diagnosis and Therapy
3. Do you have a working diagnosis for this patient?   YES   NO  If yes, what is it?
4. Was VIG used?
5. Was cidofovir used?
6. PATIENT VACCINATED DESPITE CONTRAINDICATION: N/A APPLICABLE (circle one)
Did patient have any of these conditions at the time of vaccination?
PregnancyImmunosuppressionSkin DiseaseInflammatory Eye Disease
Life-threatening allergic reactions to polymyxin, neomycin, streptomycin, tetracycline at previous smallpox vaccination?  YES NO If patient vaccinated despite contraindications, please elaborate:
CONTACTS: N/A APPLICABLE (circle one):
7. Location of Exposure:HomeHospitalOtherWorkplaceNot known
8. Means of Exposure:KnownNot known  If known, please check:Direct to skinNeedle stickContact with dressingHandled objectsHealth care contact within 3 weeksSexualNursing motherOther
9. Is the timing and duration of exposure known?
10. Contact Information of vaccinee to whom patient exposed:
NAME:ADDRESS: TELEPHONE NUMBER:
Disposition/outcome:RecoveredRecovered with sequelae (specify)Recovering (specify)