

Smallpox Vaccine Daily Monitoring Tool

Name: _____ Dept: _____ Phone: _____
 Vaccination #: _____ DOB: _____ Vacc. Date: _____

Post Vaccination (Day 0 = Date of vaccination)											
Date:											
Day:	0	1	2	3	4	5	6	7	8	9	10
Initial:											

*Check all that apply										
A) At Work										
B) Planned Day Off										
C) At work with restrictions										
D) Illness related to vaccination										
Was dressing removed for exam: Yes or No										
Day Scab fell off - mark day										
Did healthcare worker wear long sleeves? Yes or No										
Gauze on vaccine site & semi-permeable membrane? Yes or No										
Was dressing changed? Check date:										
What is the condition of site dressing?										
A) Intact, no drainage										
B) Intact, with drainage										
C) Intact, copious drainage										
D) Non-intact (loose), no drainage										
E) Drainage not contained by dressing										

Symptom(s) / Reactions

*Check all that apply									
No Symptoms									
Fever (Record Temp.)									
Chills									
Eye redness/drainage									
Itching at site									
Swelling/Tender Lymph Nodes									
Headache									
Fatigue									

Other/Comments: _____

Rash (Describe, note date): _____

Treatment: _____

Referred to: _____

Date for 7 day site check for Take: _____

Smallpox Vaccine Daily Monitoring Tool - Section 2

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Day:	0	1	2	3	4	5	6	7	8	9	10
Initial:											

***Check all that apply**

What are the physical findings at the site?

A) None (no signs)										
B) Papule										
C) Vesicle										
D) Pustule										
E) Ulcer										
F) Erythema/Redness										
G) Tenderness										
H) Warmth										
I) Swelling										
J) Other, Please Specify										

What are the physical findings beyond the site?

A) None (no signs)										
B) Streaks on the arm										
C) Skin reactions >3 inches										
D) Satellite lesions										
E) Rash generalization										
F) Oral lesions										
G) Other, Please Specify										

What medications were prescribed today?

A) None										
B) Analgesic / Antipyretic										
C) Antihistamine / Antipruritic										
D) Antibiotic / Antimicrobial										

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Day:	11	12	13	14	15	16	17	18	19	20	21-27
Initial:											

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D) Illness related to vaccination										
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Other/Comments: _____

Rash (Describe, note date): _____

Treatment: _____

Referred to: _____

Date for 7 day site check for **Take**: _____

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