1. Today's Date (M M / D D / Y Y Y Y)  

2. Smallpox Vaccination Date (MM/DD/YYYY)  

3. Did you put a bandage on the vaccination site?  
   - Yes  
   - No  

3a. IF YES: How many days did you use a bandage?  
3b. Did you see the vaccination site every day or two?  
   - Yes  
   - No  

4. Vaccination site appearance today (Check all that apply)  
   - local redness  
   - scab or crust  
   - bump  
   - local itching  
   - reddish blister  
   - local rash  
   - whitish blister  
   - nothing

4a. Vaccination site appearance today (Check all that apply)  
   - local redness  
   - scab or crust  
   - bump  
   - local itching  
   - reddish blister  
   - local rash  
   - whitish blister  
   - nothing seen  

4b. Vaccinée recall of appearance since vaccination (Check all that apply)  
   - local redness  
   - scab or crust  
   - bump  
   - local itching  
   - reddish blister  
   - local rash  
   - whitish blister  
   - nothing seen  
   - patient did not remember/observe

4c. Check anything else experienced after the smallpox vaccination (Check all that apply)  
   - headache  
   - muscle aches  
   - body rash  
   - feeling lousy  
   - itchy all over  
   - swollen lymph nodes  
   - eye infection  
   - bandage reaction  
   - fever (temp in box)  
   - other (describe in box)

5. Any problems following vaccination? (Check all that apply)  
   - Restricted activity  
   - Local itching

6. Note any other reactions, problems or medications following vaccination:  
   - Restricted activity  
   - Local itching

7. Do you believe anyone might have become ill as a result of your immunization?  
   - Yes  
   - No  
   - Unsure

8. Provider evaluation and action (check all that apply):  
   - Fully Immunized ("major reaction," "take")  
   - Equivocal response  
   - No response  
   - Re-vaccination indicated  
   - Follow-up for events described  
   - Medication prescribed (list)

Provider Notes:

Provider Signature and Printed Name/Stamp:

Patient's Identification (May use mechanical imprint)

RECORDS MAINTAINED AT:
  RANK/GRADE
  SEX
  DATE OF BIRTH
  SPONSOR NAME
  (or Sponsor SSN)
  RELATIONSHIP TO SPONSOR
  (or FMP)
  ORGANIZATION
  STATUS
  DEPART./SER

Standard Form 600 (Rev.6-97) Electronic Copy SVP Overprint (12-02)