

Date:		Reporting Facility:	
Patient Name:		Patient DOB:	
Patient Address:		County:	State: Zip:
Patient MRN:	Evaluating Clinician:		Clinician Phone/Fax:
<b>Consider monkeypox in the differential diagnosis of patients with a characteristic* rash:</b>			
<b>A) Does the patient have a rash?</b>		YES	NO
<b>B) Rash characteristics:</b>		Rash onset date: ___/___/___	
		YES	NO
Deep-seated, firm, discrete, well-circumscribed			
Similar development stage of lesions on one area or body part			
Photographs available of lesions			
Body location(s) of lesions: _____		Estimated # of lesions: _____	
<b>C) Other symptoms (check all that apply):</b>		First symptom onset date: ___/___/___	
<input type="checkbox"/> Fever (if measured: <b>Highest temp:</b> _____) <input type="checkbox"/> Malaise, fatigue, or exhaustion <input type="checkbox"/> Myalgia (muscle aches or pains) <input type="checkbox"/> Cough or sore throat <input type="checkbox"/> Headache		<input type="checkbox"/> Swollen lymph nodes <input type="checkbox"/> Rectal pain or swelling <input type="checkbox"/> Other: _____ _____ _____	
<b>D) Other testing completed (select all):</b>			
<input type="checkbox"/> Syphilis <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> pending <input type="checkbox"/> Herpes <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> pending <input type="checkbox"/> Other: _____ <input type="checkbox"/> pos <input type="checkbox"/> neg <input type="checkbox"/> pending			
<b>E) Epi Criteria – Within the last 21 days, has the person (select all that apply):</b>			
<input type="checkbox"/> Had close or intimate in-person contact with someone diagnosed with monkeypox, or with someone with a rash? <input type="checkbox"/> Had close or intimate in-person contact with anyone in a social network experiencing monkeypox outbreaks? <input type="checkbox"/> Traveled to a location with known monkeypox transmission? <input type="checkbox"/> Had contact with a dead or live wild animal or exotic pet that is an endemic species for monkeypox?		<b>Dates and description of travel and/or contacts:</b>   	
<b>F) Past medical history – (select all that apply):</b>			
<input type="checkbox"/> Immune compromising condition (such as HIV, cancer, immune suppressing medications) <input type="checkbox"/> Other underlying condition(s): _____ <input type="checkbox"/> Pregnant <input type="checkbox"/> Breastfeeding <input type="checkbox"/> Has a high risk household member/contact		<b>Has the person been vaccinated for smallpox or monkeypox?</b> <input type="checkbox"/> Yes (if known: Date: _____) <input type="checkbox"/> No <input type="checkbox"/> Unknown	

**IF MONKEYPOX IS SUSPECTED, IMMEDIATELY:**

1. **Mask and isolate the patient (in negative air pressure room when possible); Ensure providers don PPE as appropriate:** [Infection Control: Healthcare Settings | Monkeypox | Poxvirus | CDC](#)
2. **Collect specimens for possible monkeypox testing.**
  - Collected a minimum of (2) swabs from lesions (maximum of 4 swabs) – rub dry swab firmly over lesion.
  - Separate, dry sterile container for each swab. NO TRANSPORT MEDIA. Label each specimen container.
  - Place specimens in freezer unless delivering within 24 hours – can refrigerate if delivered by 24 hours.
3. **Collect any other specimens to test for appropriate differential diagnoses through regular channels.**
4. **Contact your local health jurisdiction to get approval for testing and guidance for shipping.**

**LHJ Name:**  
**LHJ contact information:**

**DO NOT SHIP SUSPECTED MONKEYPOX SPECIMENS WITHOUT PRIOR APPROVAL OF LOCAL HEALTH JURISDICTION.**