



# Los Angeles County Monkeypox Provider Attestation Form



**The patient must bring this form and their ID to a Public Monkeypox Vaccine Clinic.**

## 1 Patient Information

\_\_\_\_\_  
Patient's Name (Last, First, Middle)                      \_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City                      State                      Zip                      Phone Number

## 2 Patient Risk Criteria

- Gay or bisexual man or a transgender person who:
- Was diagnosed with gonorrhea or early syphilis within the past 12 months; or
  - Is on HIV pre-exposure prophylaxis (PrEP); or
  - Attended or worked at a commercial sex venue or other venue where they had anonymous sex or sex with multiple partners (e.g., saunas, bathhouses, sex clubs, sex party) within past 21 days.

## 3 Provider Attestation

I \_\_\_\_\_ attest the information provided is accurate to the best of my knowledge.

\_\_\_\_\_  
Clinic Name                      Clinic Address

\_\_\_\_\_  
Clinic Phone Number                      Provider Email Address

\_\_\_\_\_  
Provider Signature                      \_\_\_\_\_  
Date