



Updated: 11/28/2022

Exposure and Clinical Assessment of Suspect Mpox* Cases

Name: _____

DOB: _____

Phone #: _____

Exposure History:

During the 3 weeks before onset of symptoms:

Have you had any known contact with a confirmed or probable monkeypox case, or with anyone with similar rash?

Contact to that person includes:

- Sexual (vaginal, anal, or oral)
- Intimate cuddling, kissing, touching, or sharing sex toys
- Contact with skin lesions or bodily fluids
- Shared food or drink, utensils, or dishes
- Shared towels, bedding, or clothing
- Shared transportation (carpooling, bus, Uber)
- Shared bathrooms (toilets, sinks, showers)
- Face-to-face contact (unmasked for more than 3 hours within 6 feet)
- Other contact: _____

Did you have multiple sexual partners or anonymous sex partners in the past 21 days?

Have you recently traveled outside of the state or country?

States or countries traveled to: _____

Date of departure/return: _____

New sexual or intimate partners on trip? _____

Other risky exposures on trip? _____

*Previously known as Monkeypox

Clinical Information:

Do you have any underlying health conditions or immunocompromising conditions (e.g., HIV, cancer, cancer therapy, etc)?

Are you pregnant or breastfeeding? _____

What symptoms are you experiencing? *Mark all that apply*

- Fever
- Enlarged Lymph Nodes
- Itching
- Rectal Pain or Bleeding
- Pus or blood in stool
- Anal pain
- Urgency to defecate
- Headache
- Generally feel unwell (malaise)
- Irritated eyes (conjunctivitis)
- Abdominal Pain
- Vomiting or Nausea
- Body aches (myalgia)
- Chills
- Rash

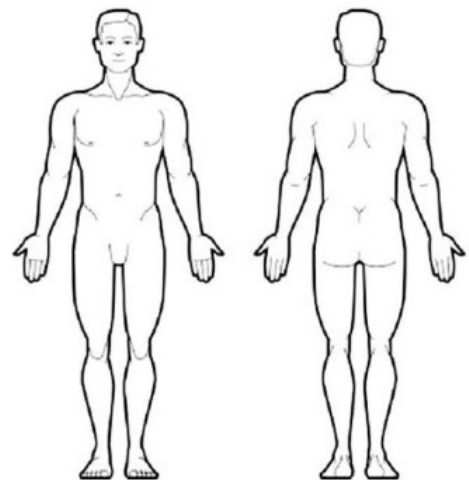
Please circle where on your body the rash is located:

Does your rash leak fluid: _____

When did your symptoms begin: _____

When did your rash begin: _____

Additional symptom notes:



Front

Back