



Tetanus/Diphtheria (Td) and Tetanus, Diphtheria, and Pertussis (Tdap)

Vaccine Administration

I have read and understand the Vaccination Information Statement provided to me and my questions were answered to my satisfaction. I acknowledge that this information is not exhaustive and there may be other remote risks, consequences, discomforts, or other side effects.

I also understand that I may decline the vaccine at this time, and it is my responsibility to notify Employee Health if I chose to receive it later. I also understand that it is my responsibility to return to Employee Health for a booster dose when it is needed. I understand that it is recommended that I receive a booster dose every 10 years.

_____ I consent to the vaccine.

_____ I decline the vaccine.

Allergies: _____

Signature: _____ Date: _____

Indications:

Tdap is used to protect against tetanus (lockjaw), diphtheria, and pertussis (whooping cough).

Contraindications:

- Should not to be given during first trimester of pregnancy.
- Should not be administered to anyone who is sick with an infection more serious than a cold.
- Should not be given to anyone who has had a serious reaction to Tdap or Td in the past.
- Should not be given to anyone who is currently undergoing any kind of therapy that lowers the immune system resistance to infection such as steroids, chemotherapy, or radiation.
- Should not be given to someone who has ever experienced Guillain-Barre Syndrome (GBS).

Adverse Reactions:

All vaccines have the potential to cause adverse reactions in some people. Normal adverse reactions for Tdap vaccine are chills, mild fever, and irritation of injection site, headache, fatigue, body aches, and swollen glands (uncommon). Please report any of these events after vaccination to Employee Health.

Administration: Dosage: 0.5ml Route: IM

MFG: _____ Lot#: _____ Exp: _____ Site: L or R Deltoid

(Intramuscularly)

VIS date: _____ VIS Offered: _____ (initial) _____ Date: _____