# Tdap (Pertussis)
# Vaccine Administration Form

Because pertussis is easily transmitted and can have very serious health consequences (especially for infants), all healthcare workers are advised to undergo immunization as adults. The vaccine used also provides tetanus immunization, which is good for ten years. At this time, the CDC recommends a single adult pertussis vaccination with Tdap for all employees with patient contact.

**PLEASE PRINT**

## Section I

☐ **I have provided documentation that I have received Tdap immunization on the following date:_____.**

☐ **I accept the Tdap Vaccine** and have read the CDC Vaccine Information Statement.

| Last Name | First Name | Date of Birth |
|---|---|---|
| Department Name | Department # | Employee ID # **REQUIRED** |
| Employer Name | Job title | Last 4 SS# |

| Yes | No | |
|---|---|---|
| ☐ | ☐ | Have you ever had any **neurological disorders,** Guillan Barre syndrome or seizures? |
| ☐ | ☐ | Have you ever had a **skin reaction** (marked pain, swelling, skin breakdown) to tetanus immunization? |
| ☐ | ☐ | Have you ever had a **severe allergic reaction** to any vaccine? |
| ☐ | ☐ | Has a physician instructed you to not have a Tdap vaccine? |
| ☐ | ☐ | Are you **currently ill** or have a fever? |
| ☐ | ☐ | Are you currently **pregnant**? *( Tdap can be given after the first trimester)* |

I have read or have had explained to me the information on this form about Tdap vaccine. I have had a chance to ask questions and these were answered to my satisfaction. I understand the benefits and risks of Tdap vaccine. I request that the Tdap vaccine be given to me

Signature:_____Date:_____

## Section II.

☐ **I choose to decline Tdap vaccination at this time.**

I realize I am eligible for pertussis immunization and that my refusal of it may put myself, patients, visitors, and families with whom I come in contact with at risk.

Signature: _____Date: _____

**Office Use Only**

Name/Manufacturer: _____ Lot # _____ Expiration Date: _____

Site: ☐ Left Deltoid ☐ Right Deltoid Administrator's Signature: _____ Date: _____