

Tetanus, Diphtheria and Pertussis Vaccine (Tdap) Consent

Tetanus is an acute, often fatal disease caused by an extremely potent neurotoxin produced by *C tetani*. The toxin causes neuromuscular dysfunction, with rigidity and spasms of skeletal muscles. The muscle spasms usually involve the jaw (lockjaw) and neck, and then become generalized. Tetanus leads to death in up to 2 cases out of 10.

Diphtheria may cause both localized and generalized disease. It causes a thick covering in the back of the throat and can lead to breathing problems, paralysis, heart failure and even death.

Pertussis (*Whooping Cough*) is a disease of the respiratory tract, most often caused by B-pertussis. It causes severe coughing spells, pneumonia, vomiting and disturbed sleep.

Adacel Vaccine (Tdap) is recommended for adolescents and adults 11-64 years old. In the US, immunization against pertussis, tetanus and diphtheria became widespread in the late 1940's and resulted in a decrease in the incidence of morbidity and mortality from these diseases. Since pertussis vaccine was not routinely given after 7 years of age, there has now been a rise in cases. The vaccine is administered in the deltoid only. Tdap may be given during pregnancy (with a note of consent from OB-GYN only).

PLEASE ANSWER ALL THE FOLLOWING QUESTIONS

1. Date of last Tetanus and Diphtheria (Td) vaccine: ____/____/____ Unknown
2. Yes No Have you received Tdap vaccine or Adacel before?
3. Yes No Have you had a systemic allergic reaction, any adverse reaction, seizure, Guillain-Barre syndrome, coma or encephalopathy related to a previous tetanus and diphtheria toxoid and/or pertussis vaccine?
4. Yes No Do you currently have an acute illness or infection?
5. Yes No Do you currently have a progressive or unstable neurologic or uncontrolled seizure disorder?
6. Yes No Are you on anticoagulant therapy or do you have a bleeding disorder?
7. Yes No Do you have a severe allergy to latex?
8. Yes No Are you older than 64 years of age?
9. Yes No Are you younger than 19 years of age?

Questions 10 and 11 for woman only

10. Yes No Are or might you be pregnant? *If yes, you MUST consult your obstetrician before getting Tdap and provide a note.*
11. Yes No If you are or might be pregnant, have you discussed receiving Tdap with your obstetrician?

If you answered YES to questions 2 through 9 or NO to question 11, you should NOT get Tdap today.

Possible Vaccine Side Effects:

1. Local reactions, generally local redness and swelling with or without tenderness.
2. Hives (urticaria), itching, rash, headache, body aches and tiredness.
3. Transient fever may develop after the injection
4. Neurological complications reported very rarely include cochlear lesions, brachial plexus neuropathies, paralysis of radial and recurrent nerves, accommodation paresis or weakness, seizures and swallowing difficulty.

I have read the above information and have had an opportunity to ask questions regarding tetanus, diphtheria and pertussis vaccine. I have received the latest CDC Vaccine Information Sheet (VIS). I request that the vaccine be given to me.

Print Name: _____

Signature _____ VIS Read Date ____/____/____

Date of Vaccination ____/____/____ Site: 0.5 ml IM Right Deltoid Left Deltoid

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

Administered by: (Signature) _____ (print) _____

Provider signature: _____ (print) _____

I acknowledge that I understand the risks and benefits of the Tdap vaccine, and have had the opportunity to ask questions. I DO NOT CONSENT TO Tdap VACCINE:

Signature _____ Print Name _____