



HOWARD COUNTY
GENERAL HOSPITAL

JOHNS HOPKINS MEDICINE
OCCUPATIONAL HEALTH

TETANUS, DIPHTHERIA, AND PERTUSSIS (Tdap) VACCINE CONSENT/REFUSAL FORM

You are being given the Tetanus, Diphtheria, and Pertussis (Tdap) vaccine to protect you against these diseases. The most common side effects from this vaccine are soreness, redness or swelling at the site of injection. The Centers for Disease Control (CDC) recommends using acetaminophen or ibuprofen (non-aspirin) to reduce the soreness. Please return or contact Occupational Health at ext. 7838 immediately if you experience any problems.

You should not receive the vaccine if:

- You are pregnant.
- You have ever had an allergic reaction or other problems with the Td, or other tetanus and diphtheria vaccines (DTP, DtaP, DT).
- You are moderately or severely ill.
- You have an allergy to latex.
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<u>Female Employees Only - must be signed before receiving vaccine.</u>	
I am absolutely sure I am not pregnant.	
_____	_____
Employee Signature	Date

Acceptance of the Vaccination

I have read the information about the Tetanus, Diphtheria, and Pertussis vaccine. I understand the benefits and risk of the vaccine. I have had ample opportunity to ask questions and have them answered to my satisfaction regarding the disease, vaccine, and the possible risks and benefits. I further understand that Howard County General Hospital and it's' employees make no guarantee as to the effectiveness of the vaccine or the likelihood or severity of the occurrence of any of the risks from the vaccine.

I request the vaccine be given to me, and I have been given the Vaccine Information Statement dated 07/12/06.

Employee's Name - **PRINTED**

Employee's Signature

Date

Date of Dose: _____
Lot #: _____ Exp. Date: _____
Site: (circle one) left upper arm right upper arm
Administered/Witnessed by: _____

Refusal of Vaccination

I understand that due to my occupational exposure, I may be at risk of acquiring these diseases. I have been given the opportunity to be vaccinated with the Tetanus, Diphtheria, and Pertussis vaccine. However, I wish to decline the Tetanus, Diphtheria, Pertussis vaccine at this time. If I decide in the future that I want the vaccine, I can receive the vaccine per Howard County General Hospital policy at any time.

I refuse the vaccine.

Employee's Name - **PRINTED**

Employee's Signature

Date

Witnessed by - Occupational Health Nurse Signature

Date