



TDAP Vaccine
(tetanus, diphtheria and acellular pertussis vaccine)

Name: _____ Employee ID# _____

DOB _____ Job Classification _____

TDAP Consent

I have been provided a copy of the Tdap (tetanus, diphtheria and acellular pertussis) Vaccine Information Statement that discusses the specific risks and benefits of the vaccine and consent to its administration. I have had an opportunity to ask questions. I understand that this is a one-time booster dose and I acknowledge that I have not had a dose of tetanus and diphtheria Vaccine (Td) in the past 2 years. As with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I request that this vaccine be given to me.

Employee Signature _____ Date _____

I am not currently eligible for Tdap as my last Td was given on : _____

Staff Use Only

Manufacturer _____ Lot number _____ Exp. Date _____

Site _____ Administered by _____ Date _____

VIS Date: _____

TDAP Declination

I understand that due to occupational exposure, I may be at risk of acquiring pertussis (Whooping Cough). I have been given the opportunity to be vaccinated with Tdap (tetanus, diphtheria, acellular pertussis) vaccine at no charge to myself. However, I decline Tdap vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring any of these diseases including pertussis. If in the future I continue to have occupational exposure and I want to be vaccinated with Tdap, I can receive the vaccination series at no charge to me.

Employee Signature _____ Date _____