

## **OCCUPATIONAL HEALTH** TETANUS, DIPTHERIA, 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.

Employee's Name - PRINTED

Witnessed by - Occupational Health Nurse Signature

- You have ever had an allergic reaction or other problems with the Td, or other tetanus and diphtheria vaccines (DTP, DtaP,

	Female Employees Only - must be signed bounded by vaccine.	efore receiving
	I am absolutely sure I am not preg	anant.
	Employee Signature	Date
Acceptance of the Vacci	nation	
nd benefits. I further understand ne vaccine or the likelihood or se	stions and have them answered to my satisfaction r d that Howard County General Hospital and it's' en everity of the occurrence of any of the risks from th me, and I have been given the Vaccine Information	nployees make no guarantee as to the effectivenes ne vaccine.
mployee's Name - <b>PRINTED</b>	Employee's Signature	Date
	Date of Dose:	
	Date of Dose:  Lot #: Exp. Date	:
	Lot #: Exp. Date	ipper arm
efusal of Vaccination	Lot #: Exp. Date Site: (circle one) left upper arm right u	ipper arm

Employee's Signature

Date

Date