



Affix Patient Label

Patient Name: _____

Date of Birth: _____

The Diseases

Tetanus is caused by bacteria in the soil; it can paralyze your muscles and result in death if it is not treated. Diphtheria is a disease that is spread person-to-person and causes coughing, breathing problems, and damage to your heart. Pertussis (whooping cough) is spread person-to-person, causes a cough that can last for weeks, and can be spread from older children and adults to infants, who can become very sick with pertussis.

The Vaccine

This vaccine protects against three diseases. The tetanus toxoid, reduced diphtheria toxoid and acellular pertussis (Tdap) vaccine (Adacel™) contains small parts of each of these bacteria, but it contains no live bacteria.

Who should be vaccinated?

The vaccine is given to children to protect them from these three diseases, but immunity can fade over time, and booster doses are needed to keep immunity strong. Adolescents should get a booster at age 11 or 12, and adults should get booster doses every 10 years. Patients who get a dirty wound or burn that could lead to tetanus should also get a dose if it has been more than 5 years since their last tetanus shot.

*** Bronson Pharmacy and Therapeutics Committee 2006 recommend all adults, including those over 65, receive the tetanus, diphtheria, and pertussis vaccine, (Tdap-Adacel).***

Possible Side Effects

Because the vaccine does not contain live bacteria, it cannot cause disease. You may get some mild side effects the day after taking the vaccine:

- Soreness, redness or swelling in your arm
- Mild fever, tiredness, headache or muscle aches
- Nausea, vomiting or diarrhea
- Chills, body aches, sore joints, or swollen lymph nodes

Who should not be vaccinated?

If you have any of the following conditions, you should talk to your doctor before taking the vaccine:

- If you had a severe allergy to a previous tetanus, diphtheria or pertussis vaccine
- If you had a seizure, epilepsy, Guillain Barre Syndrome or any other nervous system problem after a previous dose of tetanus, diphtheria or pertussis vaccine
- If you had severe swelling at the injection site after a previous dose of tetanus, diphtheria or pertussis vaccine

I have read the above facts about the vaccine. I was able to ask questions and I understand the benefits and risks of the vaccination. I know that if I take the vaccine there is a chance that I could still get one of these diseases or have a side effect from the vaccine.

Patient Name (Print): _____ Vaccine Lot Number: _____

Date of Birth: _____ Vaccine Expiration Date: _____

Phone Number: _____ Date Vaccinated: _____

Vaccine Information Statement provided Vaccination Site: Left Arm Right Arm

Patient Signature: _____ Date: _____ Time: _____

Staff Signature: _____ Date: _____ Time: _____

Complete form: Signed Original to Chart Copy to Patient