



TDAP INFO QUESTIONNAIRE & CONSENT

NAME: _____

DOB: _____ / _____ / _____

INFORMATION FOR YOU:

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible. Tdap is especially important for health care professionals and anyone having close contact with a baby younger than 12 months. Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Mild Problems following Tdap vaccine: (Does not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate Problems following Tdap vaccine: (Can interfere with activities, but does not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe Problems following Tdap vaccine: (Unable to perform usual activities; requires medical attention)

- Swelling, severe pain, bleeding, and redness in the arm where the shot was given (rare).

You will be given a Tdap injection. Circle one answer below.

Have you had a Tdap injection in the past? **Y N**

- If yes, was there any redness, swelling, or other reaction to the injection? **Y N**

Have you had a viral illness or received any vaccinations in the past four (4) weeks? **Y N**

Have you ever been diagnosed with Guillain-Barre Syndrome (GBS)? **Y N**

I understand that, as with any vaccine or drug, there is a possibility, however remote, that serious allergic reactions or even death could occur. I understand the benefits and risks of the vaccine and request that it be given to me. By signing below I am acknowledging that I have been given information and an opportunity to ask questions about the Tdap injection and **now consent to receiving a Tdap Injection.**

Patient Signature _____ Date _____

I have been informed about the risks of not receiving a Tdap injection and **decline to receive one at this time.**

Patient Signature _____ Date _____

OFFICE USE ONLY

DATE: _____ / _____ / _____

MFG: _____

LOT #: _____

TIME: _____ AM/PM

EXP DATE: _____ / _____ / _____

ARM: RIGHT LEFT

GIVEN BY: _____