

B *BLESSING*

Corporate Services, Inc.

Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis
DECLINATION FOR VACCINATION
Single does indicated for 11-64 years of age

Name _____ Volunteer Employee Students

Employee ID #: _____ Date of Birth: _____

Department: _____

Contraindications

1. Yes No previously vaccinated with Tetanus less than two years ago.
2. Yes No Allergic to tetanus toxoid, diphtheria toxoid or pertussis.
3. Yes No History of Guillain-Barre Syndrome within 6 weeks of previous vaccination.
4. Yes No Current health status - moderately/severely ill with or without fever.
5. Yes No Unstable neurologic disorder or condition in adolescents or adults.

I have received VIS (dated 11/18/08) and reviewed the information about the risks and benefits of the Tdap vaccine. I understand the indications for the Tdap vaccine and consent to receiving the Tdap Vaccination.

HIGH RISK CRITERIA:

- Age 11-64
- Person under age 65 who have or anticipating to have close contact with an infant (12 months of age or younger)
- Healthcare workers who have direct patient contact

Reason for Declination:

- I am not able to receive the Tdap due to contraindication 1-5 above.
- I am not able to receive the Tdap today because I have an acute illness but I may re-evaluate later and may be able to take the vaccine at that time.
- I do not wish to have the Tdap vaccination given to me. I realize that my refusal of it may put myself, patients, visitors, and family with whom I have contact, at risk should I contract the . These are my reasons for declining the Tdap vaccine (Please check all the following that apply)
 - a. Fear of side effects b. Fear of injections c. Fear of getting the vaccine
 - d. Other, specify: _____

Adult/Employee Signature _____ Date: _____