



Health Heroes Vaccination Clinic

Patient Consent Form - TDaP (Tetanus, Diphtheria and Pertussis)

SCHOOL DISTRICT NAME: _____

PATIENT INFORMATION

First Name:	MI	Last Name:

Date of Birth:	Age:	Gender:	Name of School:	Grade:
M M / D D / Y Y Y Y		Male / Female		

Patient Race:	White	African American	Amer. Indian/ Native American	Hispanic	Alaskan Native	Asian	Other:				
---------------	-------	------------------	----------------------------------	----------	----------------	-------	--------	--	--	--	--

Address:	City:

Cell/Emergency Contact Phone #: () -			State:	Zip Code:
---	--	--	--------	-----------

CONTACT INFORMATION & PARENT/GUARDIAN INFORMATION

First Name:	Last Name:	Relationship:

REQUIRED INSURANCE INFORMATION (MUST check an appropriate box)

NON - PRIVATE		OTHER: (please specify insurance carrier name here) *If HMO plan: (i.e. Buckeye, BCN, CareSource, Paramount Advantage, etc) NOTE: info may be found on the reverse side of the insurance card	PRIVATE INSURANCE						
NO INSURANCE	Medicaid (if HMO, name in Other)		Aetna	BCBS	CIGNA	Humana	Medical Mutual	Tri-Care	UHC

Cardholder's First Name:	Cardholder's Last Name:	Cardholder's Date of Birth:
		M M / D D / Y Y Y Y

Contract ID:(please include prefix, if any)	Group #:
---	----------

VACCINATION & HEALTH-RELATED QUESTIONS

1	Is this the patient sick today?	YES	NO
2	Does this patient have allergies to medications, food, or any vaccine component, or latex? If yes, list here:	YES	NO
3	Has this patient ever had a serious reaction to a vaccine in the past? If yes, describe here:	YES	NO
4	Has this patient or immediate family member had Seizures or other brain/nervous system problems? If yes, please describe:	YES	NO
5	Does this patient have cancer, leukemia, HIV/AIDS, or any other immune system problems? If yes, describe here:	YES	NO
6	In the past 1-3 months, has this patient taken any medications that affect the immune system such as Cortisone, Prednisone, other steroids, or anti-cancer drugs; or medications for the treatment of rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatment? If yes, list medication & date of last treatment here:	YES	NO
7	Has this patient received a transfusion of blood or blood products, or been given immune (gamma) globulin or an anti-viral drug in the past year? If yes, please describe:	YES	NO
8	Is this patient pregnant or could become pregnant in the next month?	YES	NO
9	Has this patient received any other vaccinations within the last 4 weeks? If yes, please name the specific vaccination(s)?	YES	NO

I am aware that the receiver of this vaccine is currently not pregnant and should not become pregnant within four weeks of receiving this vaccine. I have read the information about the vaccine and special precautions on the Vaccine Information Sheet attached to this consent form. I am aware that I can locate the most current Vaccine Information Statement and other information on www.immunize.org or www.cdc.gov. I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the patient above, of whom I am the parent or legal guardian and acknowledge no guarantees have been given made concerning the vaccines success. I hereby release the School District, Health Heroes, Inc., affiliated schools of nursing, and their directors or employees from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date.

Authorized Parent or Guardian Signature

Date

For Administrative Use Only:

Clinic Location:		Date:			
Vaccine Lot:		Exp. Date:			
Site Admin:	Left Arm / Right Arm	RPh/RN:			
CDC VIS:	TDAP 02-24-2015	Dosage:	0.5 mL		

VACCINE INFORMATION STATEMENT

(Tetanus, Diphtheria and Pertussis)

Tdap Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.hhs.gov/vaccinesafety.
Hojas de información sobre vacunas están disponibles en español y otros idiomas. Visite www.hhs.gov/vaccinesafety.

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

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 healthcare 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.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.

- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.

- Talk to your doctor if you:
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had a conditioned called Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap
(*Did 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

(*Interfered with activities, but did 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

(*Unable to perform usual activities; required medical attention*)

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

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.

- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement

Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26

Office Use Only

