

**Standing Order for Tdap Vaccine OR Declination**  
*Consent and Administration of*

I have read the VIS information about the Tdap Vaccine. I know this vaccine is a once in a life-time booster and it covers Pertussis (Whooping cough). Tdap normally has a two year interval between a Td and this vaccine. I understand the benefits and risks of the Tdap Vaccine and wish to be vaccinated to protect myself, family, co-workers and patients.

A person with a mild cold or low grade fever can still be vaccinated. Anyone with a moderate to severe illness should wait. I have read the VIS for reactions I could have and understand the risks. I will notify Employee Health Services if I have any type of local or systemic reaction. Pregnant women should not be vaccinated but should receive vaccine immediately after delivery. I understand after receiving this vaccine the next time I have a wound that requires tetanus vaccine, I will return to a Td schedule.

I elect to be vaccinated with Tdap (Please sign correct area -- vaccination or declination -- not both)

Print Name: \_\_\_\_\_ DOB \_\_\_\_\_

Full legal name -- no nicknames -- Print legibly

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Consent Read and Signature Witnessed: \_\_\_\_\_

**Standing Order**

1) Give Tdap (Tetanus, Diphtheria, Pertussis), 0.5ml - IM x 1

  
\_\_\_\_\_  
Neil Speth, D.O.

Tdap Vaccine given as ordered above on (date) \_\_\_\_\_

Mfg. Name: \_\_\_\_\_ Lot #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Site: Deltoid -- Right or Left

Given by: \_\_\_\_\_

**DECLINATION**

I understand Pertussis protection has waned since my childhood immunization series to DPT. I may have lost my immunity to Pertussis (whooping cough). I am at risk of acquiring Pertussis, a serious disease and could potentially infect others. I understand this is a once in a lifetime booster. I have been given the opportunity to be vaccinated with TDAP vaccine at no charge. I decline TDAP. If I should acquire this serious disease, it is my responsibility to see my PCP for treatment, call employee health services at 916-734-3572 and infection control dept. at 916-734-3377. If I change my mind and have no contraindications, I can receive the immunization at employee health.

\_\_\_\_\_ I had an allergic reaction to Pertussis/Tetanus/or I'm Pregnant

\_\_\_\_\_ Had it elsewhere

Employee Name: \_\_\_\_\_  
Print legibly -- Full legal name -- no nick names      Signature