



**MSM Clinical Affairs
Student/ Health and Wellness Center
455 Lee Street, Bldg. 500-B
Atlanta, Ga. 30310
404-756-1241**

TETANUS AND DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINATION FORM

TETANUS DIPHTHERIA AND ACELLULAR PERTUSSIS – After the primary series has been completed, a booster dose is recommended every 10 years.

THE VACCINE --- Dosage is 0.5ml administered IM. SHAKE THE VIAL WELL before withdrawing each dose.

ADVERSE REACTIONS --- Recipients of the Tdap vaccine may experience local redness, warmth, and edema, induration with or without tenderness as well as urticaria, and rash. Malaise, transient fever, pain, hypotension, nausea, and arthralgia may develop in some patients after injection.

CONTRAINDICATIONS --- Hypersensitivity to any component of the vaccine including thimersol, a mercury derivative, is a contraindication for further use of this vaccine.

CONSENT

Print Name _____

I _____ authorize Morehouse Healthcare, the Student Health and Wellness Center to administer Tetanus and Diphtheria Toxoid, and Acellular Pertussis to me. I have read the above information and understand the risks and possible adverse reactions of the drug. The proposed procedure has been satisfactorily explained to me and I have all the information I desire. I acknowledge that no guarantee or assurance has been made to me as to the results that may be obtained, and I will not hold MOREHOUSE HEALTHCARE responsible for any untoward effects.

Dose _____

Lot# _____

Exp _____

Site _____

HCP signature _____

Date _____