

Print Name \_\_\_\_\_

## Tetanus, Diphtheria & Pertussis (Tdap) Declination

I have had the opportunity to review the latest CDC educational material (Vaccine Information Sheet Tdap 11/18/08) and ask questions regarding: 1) Tetanus, diphtheria & pertussis and their risks to health care personnel, and 2) the potential risks and benefits of the Tetanus, diphtheria & pertussis (Tdap) vaccine.

### Please select ONE of the following:

- I have received the Tdap vaccine on: \_\_\_\_\_ (approx. date)
- I have received the Td vaccine on: \_\_\_\_\_ (approx. date)
- I have elected NOT to receive the Tdap vaccine at this time.** I understand that I may elect to receive the Tdap vaccine at a later time.

I understand that due to my occupational exposure to aerosol transmissible diseases, I may be at risk of acquiring an infection with pertussis. I have been given the opportunity to be vaccinated against this disease or pathogen. However, I decline the Tdap vaccination at this time. I understand that by declining the Tdap vaccine, I continue to be at risk of acquiring a serious disease. If in the future I continue to have occupational exposure to aerosol transmissible diseases and want to be vaccinated, I can receive the Tdap vaccination.

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