

Patient name: _____

Medical record number: _____

Physician: _____

Tdap Vaccine Screening Form

(Tdap = Tetanus toxoid, reduced diphtheria toxoid and acellular pertussis)



May give Tdap if child or adult is:

- 11 years of age and older (including adults of any age) AND
 - No documented prior receipt of Tdap
 - There is no minimum time interval needed to wait since the last dose of Td.
- 7 through 10 years of age AND
 - History of incomplete DTaP vaccination series
- Pregnant, even if received Tdap in the past. Optimal timing is between 27 and 36 weeks gestation.



Do NOT give Tdap if patient has/had:

- Previous severe allergic reaction (i.e., anaphylaxis) to any component of Tdap
- History of coma or prolonged seizures occurring <7 days of administration of a pertussis vaccine (DTP, DTaP, Tdap) that was not attributable to any identifiable cause (in contrast, a family history of seizures is not a contraindication)
- Physician order not to give vaccine at this time



Consider deferral based on risks and benefits if patient has/had:

- Moderate or severe acute illness, with or without fever
- Guillain-Barré syndrome <6 weeks after previous dose of a tetanus toxoid-containing vaccine
- Unstable neurologic condition (e.g., progressive neurologic disorder, uncontrolled epilepsy, progressive encephalopathic conditions); may defer until stabilized
- History of an Arthus reaction (i.e., a severe injection site reaction with hemorrhage or local necrosis typically developing 4-12 hours after vaccination) following a previous dose of a tetanus toxoid-containing or diphtheria toxoid-containing vaccine

Documentation:

- I have provided a Tdap vaccine information sheet (VIS) to the patient/employee.

VIS version date: _____ / _____
Month Year

Print your name: _____

Your signature: _____ Date: _____

Separately document Tdap immunization (manufacturer, lot number, injection site, VIS version, etc.) using standard methods.