



Prescriber Name, Address, Phone Number:

Patient Name: \_\_\_\_\_

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

**Vaccines recommended during pregnancy:**

- Tdap** (tetanus, diphtheria, pertussis [whooping cough]) during 3rd trimester  
0.5 mL IM x 1
- Inactivated Influenza**  
0.5 mL IM x 1

Prescriber's Signature: \_\_\_\_\_ License #: \_\_\_\_\_

These vaccines may be available from your primary care physician, local health department, or pharmacy. To find a nearby location, please visit [www.vaccine.healthmap.org](http://www.vaccine.healthmap.org).

**Your baby is counting on you for protection. Get vaccinated.**

## **Vacunas recomendadas durante el embarazo:**

- Tdap** (tétanos, difteria, tos ferina) en su tercer trimestre de embarazo
- Vacuna contra la influenza (gripe) inactivada**

Estas vacunas pueden estar disponibles en el consultorio de su médico de cabecera, departamento de salud local o farmacia. Encuentre un lugar cercano en:

[www.vaccine.healthmap.org](http://www.vaccine.healthmap.org)

**Su bebé cuenta con usted. Protéjalo. Vacúnese.**