**Tdap Vaccine Screening Form**

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

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**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.

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**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

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**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

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**Documentation:**

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

  VIS version date:  __________ / __________ / __________

  Print your name: ____________________________________________________________________

  Your signature: ____________________________________________________________________ Date: __________

Organization Name