



Prescriber Name, Address, Phone Number:

Patient Name: _____

Date: _____

Vaccines recommended during pregnancy:

- Tdap** (tetanus, diphtheria, pertussis [whooping cough]) at 27 - 36 weeks gestation
0.5 mL IM x 1

Best if given at the earliest date between ___/___/20__ and ___/___/20__

- Inactivated Influenza**

0.5 mL IM x 1

Prescriber's Signature: _____ License #: _____

Per pharmacy regulations (CCR, Title 16, section 1746.4), please notify us within 14 days of administration of the vaccines our patient received at your pharmacy. Also, please give the patient a copy of the vaccine record and ask her to bring it to her next prenatal visit.

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

IMM-1143 (9/20)

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.vaccinefinder.org

Su bebé cuenta con usted. Protéjalo. Vacúnese.