

# TDAP Vaccine Consent Form

Launched @home student

School Name: \_\_\_\_\_ Clinic Date: \_\_\_\_\_

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - **Please print using ink** (Incomplete forms will not be accepted)

FIRST NAME of student:	MIDDLE INITIAL	LAST NAME of student:	SUFFIX (Jr., III, etc)
Gender: Male Female	Birthdate: (mo,day,yr)	Age	Homeroom Teacher/Grade
Address		Phone # ( ) -	Mother's Maiden Name: (For registry)
City	Zip Code	State	Race: (Circle one) African American / Black White Alaskan/ Native-American Asian Hawaiian / Pacific Islander Other Ethnicity: (circle one) Hispanic Non-Hispanic
Email address:			


The current health care laws require us to bill your insurance company for the vaccine. The service is offered at no cost to you. Answers are always confidential.

Please fill out the following questions pertaining to your health insurance:

Medicaid <input type="checkbox"/>	No insurance <input type="checkbox"/>	Insurance Company:
Policy Holder's First Name:	Policy Holder's Last Name:	
Member ID:	Policy Holder's Date of Birth: (mo,day,yr)	

CHECK YES OR NO FOR **EACH** QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child ever had a life-threatening reaction(s) to any vaccines in the past?
<input type="checkbox"/>	<input type="checkbox"/>	2. Does your child have any allergy to latex?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child ever had a condition called Guillain Barre Syndrome (GBS)?
<input type="checkbox"/>	<input type="checkbox"/>	4. Has your child ever had seizures or another nervous system problem?
<input type="checkbox"/>	<input type="checkbox"/>	5. If applicable, is this student pregnant or nursing?



**IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR PHYSICIAN OR CALL US AT 844-728-2931 TO SPEAK TO A REPRESENTATIVE.**

I have read the information about the vaccine and special precautions on the Vaccine Information Sheet. I am aware that I can locate the most current Vaccine Information Statement and other information at [www.immunize.org](http://www.immunize.org) or [www.cdc.gov](http://www.cdc.gov). I have had an opportunity to ask questions regarding the vaccine and understand the risks and benefits. I request and voluntarily consent for the vaccine to be given to the person listed above of whom I am the parent or legal guardian and having legal authority to make medical decisions on their behalf. I acknowledge no guarantees have been made concerning the vaccine's success. I hereby release MaxVax LLC., affiliates, affiliated schools of nursing, their directors, employees and agents from any and all liability arising from any accident or act of omission which arises during vaccination. I understand this consent is valid for 6 months and that I will make the school aware of any health changes prior to the vaccination clinic date. I acknowledge that I am giving permission for MaxVax LLC. to adjudicate and appeal claims with my insurance providers on my behalf. Clinic dates can be obtained from the school. I understand that the health-related information on this form will be used for insurance billing purposes and your Personal Health Information contended herein will be protected. I request and voluntarily consent for the vaccine to be given and recorded in Florida SHOTS for the person listed above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Relationship to child

Date

LOT Number:  
RN #

EXP Date:  
Date:

AREA FOR OFFICIAL ADMINISTRATION USE ONLY

**Health Hero Florida**  
320 1st St N #101  
Jacksonville Beach, FL 32250  
info@healthheroflorida.com  
**844.728.2931**

# Tdap (Tetanus, Diphtheria, Pertussis) Vaccine: What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)  
 Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

## 1 Why get vaccinated?

Tdap vaccine can prevent tetanus, diphtheria, and pertussis.

Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.
- **PERTUSSIS (aP)**, also known as “whooping cough,” can cause uncontrollable, violent coughing which makes it hard to breathe, eat, or drink. Pertussis can be extremely serious in babies and young children, causing pneumonia, convulsions, brain damage, or death. In teens and adults, it can cause weight loss, loss of bladder control, passing out, and rib fractures from severe coughing.

## 2 Tdap vaccine

Tdap is only for children 7 years and older, adolescents, and adults.

**Adolescents** should receive a single dose of Tdap, preferably at age 11 or 12 years.

**Pregnant women** should get a dose of Tdap during every pregnancy, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

**Adults** who have never received Tdap should get a dose of Tdap.

Also, **adults should receive a booster dose every 10 years**, or earlier in the case of a severe and dirty wound or burn. Booster doses can be either Tdap or Td (a different vaccine that protects against tetanus and diphtheria but not pertussis).

Tdap may be given at the same time as other vaccines.

## 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an allergic reaction after a previous dose of any vaccine that protects against tetanus, diphtheria, or pertussis, or has any severe, life-threatening allergies.
- Has had a coma, decreased level of consciousness, or prolonged seizures within 7 days after a previous dose of any pertussis vaccine (DTP, DTaP, or Tdap).
- Has seizures or another nervous system problem.
- Has ever had Guillain-Barré Syndrome (also called GBS).
- Has had severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria.

In some cases, your health care provider may decide to postpone Tdap vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Tdap vaccine.

Your health care provider can give you more information.

## 4 Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Tdap vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.

## 5 What if there is a serious problem?

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call 9-1-1 and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call 1-800-822-7967. VAERS is only for reporting reactions, and VAERS staff do not give medical advice.

## 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call 1-800-338-2382 to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

## 7 How can I learn more?

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):  
 - Call 1-800-232-4636 (1-800-CDC-INFO) or  
 - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)



(Use only)