NEVADA COUNTY PUBLIC HEALTH DEPARTMENT

SCHOOL NAME ________________________________

IZ Registration # __________________

DOB ___________ AGE _____ Yrs _____ Mos _____ SEX ______

NAME ________________________________

ADDRESS ________________________________

CITY ________________________________ ZIP ___________

☐ M-Cal ☐ COUPON ☐ CASH $ _____________ ☐ CHECK _____________ ☐ VIS sheets given

Yes ☐ No ☐ Any illness today? Antibiotics? ________________

Yes ☐ No ☐ Do you have asthma?

☐ ☐ Have you had chicken pox?

☐ ☐ Have you had a gamma globulin shot or blood transfusion in the past 3 months?

☐ ☐ Have you had any shots in the past 2 weeks?

What kind? ________________

☐ ☐ Are you ☐ pregnant? ☐ breast-feeding?

☐ ☐ Have you had a Tdap booster?

Yes ☐ No ☐

☐ ☐ Any serious reactions to other Immunizations?

☐ ☐ Have you had a serious reaction to eggs, neomycin, streptomycin, thimerosol or gelatin?

☐ ☐ Have you had a convulsion, seizure, or problem with the nervous system?

☐ ☐ Do you or anyone in your household have cancer, leukemia or other disease causing immune system problems?

☐ ☐ Are you taking cortisone, prednisone, other steroids or x-ray treatments?

--- VFC Eligibility ---

The following questions will help us determine if your child may receive the Tetanus, Diphtheria, and Pertussis Vaccine (Tdap) through the Vaccine for Children (VFC) program. Please circle a response for each question. Incomplete forms will not be accepted and, therefore, could prevent your child from being vaccinated through this program.

1. Your child is eligible for Medi-Cal or the Child Health & Disability Prevention (CHDP) Program. True ☐ False ☐

2. Your child DOES NOT have private health insurance or receive Healthy Families Insurance. True ☐ False ☐

3. Your child is an American Indian or Alaskan Native. True ☐ False ☐

4. Your child has no health insurance. True ☐ False ☐

PUBLIC HEALTH USE ONLY

Immunization Given ☐ Lot # ☐

Exp. Date ☐

LASq LD LT RASq RD RT PO ☐

Adm by ☐ RN Signature __________________ Initial ______

Please read and sign the following:

I have been given a copy and have read, or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s) indicated. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated be given to me or to the person named above for whom I am authorized to make this request. I understand that Nevada County Public Health Department enters immunization information into the California Immunization Registry (CAIR). I hereby authorize the Nevada County Public Health Department, to release this information to my designated medical provider(s) and school(s).
TETANUS, DIPHTHERIA, or TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) VACCINE

WHAT YOU NEED TO KNOW

Many Vaccine Information Statements are available in spanish and other languages. Visit www.immunize.org

1 Why get vaccinated?
Children 6 years of age and younger are routinely vaccinated against tetanus, diphtheria, and pertussis. But older children, adolescents, and adults need protection from these diseases too.

TETANUS (Lockjaw) causes painful muscular spasms, usually all over the body.
- It can lead to tightening of the jaw muscles so the victim cannot open his mouth or swallow. Tetanus kills about 1 out of 5 people who are infected.

DIPHTHERIA causes a thick covering in the back of the throat.
- It can lead to breathing problems, paralysis, heart failure, and, even death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, vomiting, and disturbed sleep.
- It can lead to weight loss, incontinence, rib fractures and passing out from exhaustion and coughing.

The United States averaged more than 1,300 cases of tetanus and 175,000 cases of diphtheria each year before vaccines. Since vaccines have been available, tetanus cases have fallen by over 96% and diphtheria cases by over 99.9%.

Before 2005, only children younger than 7 years of age could get pertussis vaccine. In 2004 there were more than 8,000 cases of pertussis in the U.S. among adolescents and more than 7,000 cases among adults.

2 Tdap and Td vaccines
- Td vaccine has been used for many years. It protects against tetanus and diphtheria.
- Tdap was licensed in 2005. It is the first vaccine for adolescents and adults that protects against all three diseases.

3 Which vaccine, and when?
- Routine: Adolescents 11 through 18
  - A dose of Tdap is recommended for adolescents who got DTP or DTPa as children and have not yet gotten a booster dose of Td. The preferred age is 11-12,
  - Adolescents who have already gotten a booster dose of Td are encouraged to get a dose of Tdap as well, for protection against pertussis. Waiting at least 5 years between Td and Tdap is encouraged, but not required.
  - Adolescents who did not get all their scheduled doses of DTP or DTPa as children should complete the series using a combination of Td and Tdap.

- Routine: Adults 19 and Older
  - All adults should get a booster dose of Td every 10 years. Adults under 65 who have never gotten Tdap should substitute it for the next booster dose.
  - Adults under 65 who expect to have close contact with an infant younger than 12 months of age (including women who may become pregnant) should get a dose of Tdap. Waiting at least 2 years since the last dose of Td is suggested, but not required.
  - Healthcare workers under 65 who have direct patient contact in hospitals or clinics should get a dose of Tdap. A 2-year interval since the last Td is suggested, but not required.

New mothers who have never gotten Tdap should get a dose as soon as possible after delivery. If vaccination is needed during pregnancy, Td is usually preferred over Tdap.

Protection After a Wound
- A person who gets a severe cut or burn might need a dose of Td or Tdap to prevent tetanus infection. Tdap may be used for people who have never had a dose, but Td should be used if Tdap is not available, or for:
  - anyone who has already had a dose of Td, children 7 through 9 years of age, or adults 65 and older.
- Tdap and Td may be given at the same time as other vaccines.

- Anyone who has had a life-threatening allergic reaction after a dose of DTP, DTPa, DT, or Td should not get Td or Tdap.
- Anyone who has a severe allergy to any component of a vaccine should not get that vaccine. Tell your provider if the person getting the vaccine has any severe allergies.

4 Some people should not be vaccinated or should wait
- Anyone who had a coma, or long or multiple seizures within 7 days after a dose of DTP or DTPa should not get Tdap, unless a cause other than the vaccine was found (these people can get Td).
- Talk to your provider if the person getting either vaccine:
  - has epilepsy or another nervous system problem,
  - had severe swelling or severe pain after a previous dose of DTP, DT, DTPa, TT, or Td vaccine, or
  - has had Guillain Barre Syndrome (GBS).

Anyone who has a moderate or severe illness on the day the shot is scheduled should usually wait until he or she recovers before getting Tdap or Td vaccine. A person with a mild illness or low fever can usually be vaccinated.

5 What are the risks from Tdap and Td vaccines?
With a vaccine (as with any medicine) there is always a small risk of a life-threating allergic reaction or other serious problem.

Getting tetanus, diphtheria or pertussis would be much more likely to lead to severe problems than getting either vaccine.

Problems reported after Td and Tdap vaccines are listed below.

Mild Problems
(Noticeable, but did not interfere with activities)

- Pain at injection site
- Redness or swelling
- Fever over 100°F (up to about 1 in 100 adolescents and 1 in 10 adults)
- Chills, body aches, sore joints, rash, swollen glands

Moderate Problems
(Interfered with activities, but did not require medical attention)

- Pain at injection site (about 1 in 10 adults)
- Redness or swelling (up to about 1 in 10 adults and 1 in 25 adolescents)
- Fever over 102°F (about 1 in 100 adolescents and 1 in 250 adults)
- Headache (1 in 200)
- Nausea, vomiting, diarrhea, stomach ache (up to 3 in 100 adolescents and 1 in 10 adults)

Serious Problems
(Unable to perform usual activities; required medical attention)

- Tetap or Td
  - Severe swelling of the arm where the shot was given (up to about 3 in 100)

6 Severe Problems
(Unable to perform usual activities; required medical attention)

- Tetap or Td
  - Severe swelling of the arm where the shot was given (up to about 3 in 100)

7 What if there is a severe reaction?

What should I look for?
Any unusual condition, such as a high fever or behavior changes. Signs of a severe allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, palpitations, weakness, a fast heart beat or dizziness.

What should I do?
- Call a doctor, or get the person to a doctor right away.
- Tell the doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your provider to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form. You can find this form through the VAERS website at www.vaers.hhs.gov, or by calling 1-800-822-7967.

8 How can I learn more?
- Ask your provider. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC): Call 1-800-338-2377 or visit their website at www.cdc.gov/vaccines.
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