

Yuba College Health Center

Tetanus and Diphtheria Toxoids Vaccine Consent Form

Important Information:

TETANUS, sometimes called lockjaw, is a very serious disease that can occur after a cut or wound allows the germ to enter the body. Tetanus causes severe muscle spasms. Tetanus can lead to the point where a person is unable to open his or her mouth or swallow. People with tetanus are usually hospitalized for an extended period of time. Therefore boosters should be given every 10 years. However, if a major wound occurs, the booster should be given after 5 years.

In the United States, tetanus kills 3 out of every 10 people who get the disease. Recently only 50 to 90 cases of tetanus have been reported each year. Almost no cases of this disease occur in children because they have been immunized and are protected.

DIPHTHERIA is a very serious disease that spreads from an infected person to another person when germs enter the nose or throat. It can make an individual unable to breathe, cause paralysis, or heart failure. Approximately 1 out of every 10 people who contract diphtheria will die from the disease. Td Vaccine is specially made for children 7 or older and for adults.

INDICATIONS: (reason to get immunized)

To produce active immunization against tetanus and diphtheria.

CONTRAINDICATIONS: (Do not take the vaccine if one or more of these conditions exist)

1. Moderate to severe acute illness
2. History of allergy to component of vaccine, especially Thimerosal
3. Significant allergic or neurologic reaction to previous immunization with this vaccine
4. Pregnancy

ADVERSE REACTIONS (common):

1. Soreness at injection site
2. Redness and/or swelling around injection site
3. Fever

I have read the above information and have had an opportunity to ask questions. I have read the Vaccine Information Statement "Tetanus and Diphtheria Vaccine (Td)," publication date 6/10/94, by the CDC. I understand the risks and benefits of the vaccine, and consent to vaccination with Td vaccine. I agree to stay in the Health Center for 20 minutes following my injection. I agree to hold Yuba College Health Center and all of its employees harmless should an unforeseen or untoward event occur. It is my intention by this instrument to exempt and relieve Yuba College Board of Directors, its instructors, agents or employees from liability for personal or bodily injury, or wrongful death caused from the administration of the tetanus and diphtheria toxoids vaccine. I hereby CONSENT to receive this vaccine.

Signature

Date

Signature of Parent or Guardian (if student is under age 18)

Date

Witness

Date

Resource: With permission from FAO