County of Sacramento, Immunization Assistance Program

Tdap Screening and Consent Form

PARENTS/GUARDIANS: Please Read The Following Carefully Before Signing The Consent.

For your child to be eligible to receive Tdap vaccine at the school clinic, **you must read, answer all questions, and sign this consent form**. Depending on your answers to the questions listed below your child will receive the Tdap vaccine. Please read the vaccine information statement provided.

CHILD's NAME: _____ (First) _____ (Last) BIRTHDATE: _____ (mm-dd-yyyy) AGE: _____ SEX: Male or Female

PHONE: (___)_____ADDRESS:_____ CITY:_____ ZIP: _____

NAME OF SCHOOL _____ TEACHER _____ GRADE _____

Please circle Yes, No, or N/A (not applicable) for the following questions **and** answer **ALL** questions.

1) Has your child ever had a severe allergic reaction to DTP, DTaP, DT or Td or any other type of vaccine?	Yes	No
2) Has your child ever received a dose of Tdap?	Yes	No
3) Did your child ever have long or mutiple seizures within 7 days after a dose of DTP or DTaP and no other cause was found?	Yes	No
4) Has your child ever had a Serious Allergic Reaction to the DTP or DTaP vaccine or to any other type of vaccine? If yes, please explain:	Yes	No
5) Does your child suffer from seizures or epilepsy?	Yes	No
6) Has your child ever had severe swelling or pain after a dose of DTP, DTaP, DT, or Td?	Yes	No

7) Does your child have any medical conditions for which s/he is seeing a doctor regularly?

If yes, please write the medical condition(s):_____

I have read or had explained to me the Vaccine Information statements for the Tdap vaccine (Vaccine Information Statement, 11/18/08). I understand that, depending on the answers to the questions listed above, my child will receive the Tdap vaccine. I give my permission for my child whose name is listed above to receive the Tdap vaccine.

Signature:

Parent/Legal Guardian Name:_____ **Date:** _____

CLINIC USE ONLY								
Date:	Dose:	Vaccine / Mfg:		Lot # Exp. Date:		Screening MD/RN/LVN	IZ Given By:	Site/Route