

TDAP DECLINATION FORM

P-06

I acknowledge that I am aware of the following facts:

- The Tdap (Tetanus, Diphtheria, and Pertussis) vaccine can protect adolescents and adults against three serious diseases.
- Tetanus, diphtheria and pertussis are all caused by bacteria. Diphtheria and pertussis are spread from person to person. Tetanus enters the body through cuts or wounds.
- Tetanus (lock jaw) causes painful tightening of the muscles, usually all over the body. It can lead to “locking” of the jaw so the victim cannot open their mouth or swallow.
- 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, passing out from violent coughing, pneumonia, and hospitalization due to complications.

I understand that receiving this vaccine can greatly reduce my risk of infection and that by not receiving the vaccine I am placing myself at a higher risk of getting tetanus, diphtheria, or pertussis. I hereby release the Barren River District Health Department from any and all liability incurred by my refusal to be immunized. Although I am declining to take the vaccine at this time, I realize that I can change my mind and receive the vaccine at a later date at no charge to myself.

Employee Signature

Date

Witness Signature

Date