

Internal Medicine Specialists, P.C.

PATIENT INFORMED CONSENT FORM FOR TETANUS AND DIPHTHERIA VACCINATION

ABOUT THE DISEASES

Tetanus (lockjaw) and Diphtheria are serious diseases. A germ that enters the body through a cut or wound causes tetanus. Diphtheria spreads when germs pass from the infected person to the nose or throat of others. Tetanus may cause serious painful muscle spasms and may lead to "locking" of the jaw, so the patient cannot open his mouth or swallow, and may potentially lead to death. Diphtheria may cause a thick coating to develop in the nose, throat or airway and may potentially lead to breathing problems, heart failure, paralysis and/or death.

ABOUT THE VACCINE AND BENEFITS OF THE VACCINE

Vaccination is the best way to protect against tetanus and diphtheria. Because of vaccination, there are many fewer cases of these diseases. Cases are rare in children because most children get the Diphtheria, Tetanus and Pertussis vaccine or the Diphtheria/Tetanus vaccine. There would be many more cases of these diseases if we stopped vaccinating people.

WHEN SHOULD YOU GET Td (TETANUS DIPHTHERIA) VACCINE

The Td is made for people 7 years of age and older. People who have not gotten at least 3 doses of any tetanus and diphtheria vaccine (DPT, DTaP or DT) during their lifetime should do so, using Td vaccine. After a person gets the third dose, a Td dose is needed every 10 years all through life. A booster dose may be needed if you are injured and last received a Td between 5-10 years prior. Other vaccines may be given at the same time as the Td.

TELL YOUR DOCTOR OR NURSE IF YOU:

1. Ever had a serious allergic reaction or other problem with Td or any other tetanus and diphtheria vaccines (DTP, DTaP or DT).
2. Now have a moderate or severe illness.
3. Are pregnant.

If you are not sure whether or not you should take this vaccine, ask your doctor or nurse.

WHAT ARE THE RISKS FROM THE Td VACCINE?

As with any medications, there are small risks and serious problems, even death, which could occur after getting a vaccine. These risks from the vaccine are much smaller than the risks from the diseases themselves if people stop using the vaccine. Almost all people who get the Td have no problems from it. Some problems that may arise include:

Mild problems:

If these problems occur, they usually start within hours to a day or two after the vaccination and may last up to 1 to 2 days. These problems may include: soreness, redness and/or swelling where the vaccine was given. These problems may be worse in adults who receive the Td vaccine very often. Acetaminophen or ibuprofen may be used to reduce the soreness and/or swelling at the vaccination site. As with any injection, there is a slight risk of bleeding, bruising or local infection.

Severe problems:

These problems happen very rarely: serious allergic reactions, deep aching pain and muscle wasting in the upper arm or arms. This usually starts 2 days to 4 weeks after the vaccine and may last for several months.

WHAT TO DO IF THERE IS A SERIOUS REACTION

1. Call your doctor or get the person to a physician immediately.
2. Write down what happened, including the date, time, and the events that occurred.
3. Ask you doctor, nurse or Health Department to file a vaccine adverse event report form or call 1-800-822-7967.

The National Vaccine Injury Compensation program gives compensation (payment) for some persons thought to be injured by vaccines. For details call 1-800-338-2382.

If you want to learn more, ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information. The above information was obtained from the U.S. Department of Health and Human Services, Public Health Services, Center for Disease Control and Prevention.

CONSENT

I have read the above information and have had an opportunity to ask questions. I understand the benefits and risks of Tetanus/Diphtheria vaccination as described. I request that the vaccine be given to me or to the person named below for whom I am authorized to sign. I further understand that the Tetanus/Diphtheria vaccination is considered a preventative healthcare measure and, as such, may not be covered by my insurance company. I agree to pay any costs associated with the vaccine not covered by my insurance company.

Name

Date

Signature

Relationship (if not patient)