



Consent and Release Form for Tetanus, Diphtheria (Td) Immunization

Information

Tetanus and Diphtheria are both caused by bacteria. Diphtheria is spread from person to person. Tetanus enters the body through cuts, scratches or wounds. Tetanus (Lockjaw) causes painful muscle spasms, usually all over the body. It can lead to tightening of the jaw muscles, causing the person to not be able to open their mouth or swallow. Tetanus kills about 20% of the 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. Tetanus, Diphtheria (Td) vaccine protects against both diseases.

Immunization Regimen

A booster dose of Td is recommended every 10 years, or after an exposure to tetanus under some circumstances.

Employee Understanding

By agreeing to receive the vaccine, I understand that:

- a. Side effects of vaccine administration include, but are not limited to the following:
 1. Local reactions occurring in less than 30% of vaccines: transient soreness, mild fever, redness and swelling at the injection site.
 2. As with all vaccines, rare side-effects or adverse reactions may develop which at this time are unpredictable.
- b. Getting Tetanus or Diphtheria would be much more likely to lead to severe problems than getting the vaccine.

I understand that by agreeing to immunization, I hereby certify that I:

- a. have not had a life-threatening allergic reaction after a dose of DTP, DTaP, DT.
- b. do not have a severe allergy to any component of a vaccine.

Employee Consent

I have read the above information regarding the effectiveness and possible side effects of the Td Vaccine. I consent to receiving the Td Vaccine and possible future booster injections. I understand that I am responsible for returning to

WESA

Water Employee Services Authority

Total Care Urgent Care, Dr. Powell's Office, at the pre-established, specified time and dates, for any future injection.

I further understand that this immunization is offered to me as an employee benefit. This benefit is offered only to current employees working in positions considered at risk for exposure.

Initial **one of the following** and sign below:

_____ I request the Tetanus, Diphtheria Vaccine.



_____ I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring either the tetanus or diphtheria infection. I have been given the opportunity to be vaccinated with Td Vaccine, at no charge to myself. However, I decline Td Vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Tetanus or Diphtheria, both serious diseases. If in the future I continue to have occupational exposure to blood or other potentially infectious materials while employed by Water Employee Services Authority and I want to be vaccinated with Td Vaccine, I can receive the vaccination at no charge to me.

Employee Name (Please Print)

Number

Position

Employee Signature

Date