ALLONE HEALTH
600 West Cummings Park, Suite 3400
Woburn, Massachusetts 01801-6350
(781) 935-8581 • Fax (781) 938-4678
www.allonehealth.com

Important Information about Tetanus and Diphtheria and Td Vaccine

Please read this carefully

What is Tetanus?
Tetanus, or lockjaw, results when wounds are infected with tetanus bacteria, which is often found in dirt. The bacteria in the wound create a poison which causes the muscles of the body go into spasm. In the United States, four out of every 10 people who get tetanus die from it.

What is Diphtheria?
Diphtheria is a very serious disease that can affect people in different ways. It can cause an infection in the nose and throat that interferes with breathing. It can also cause an infection of the skin. Sometimes it causes heart failure or paralysis. About one person out of ten who get diphtheria dies of it.

Before vaccines were developed, these diseases were more common and caused a large number of deaths each year in the United States.

Td Vaccine:
Immunization is one of the best ways to prevent these diseases. Td (tetanus and diphtheria) vaccine is two vaccines combined into one shot to make it easier to get protection. The vaccine is very effective at preventing tetanus – 95 % of those who receive the recommended number of shots are protected. Although the diphtheria part of the vaccine is not quite as effective, it prevents most persons from getting diphtheria and in others makes the disease milder. All adults should receive at least three shots of tetanus and diphtheria vaccines. Those who have not should complete a basic three-diphtheria vaccination, and those who have should receive a booster dose every 10 years throughout life. It is not ever necessary to start over the basic series even if years have gone by. Most adults born in the United States since 1940 received the basic series as children with the DTP or DT and (diphtheria, tetanus, pertussis or diphtheria tetanus). Adults who served in the military during or after World War II should have received part or all of the basic three shot TD series during their service.

Side effects from Td vaccine are not common and usually consists only of soreness and slight fever. As with any drug or vaccine, there is a rare possibility that allergic or more serious reactions or even death could occur.

Pregnancy:
Babies born under unsanitary conditions to un-immunized women have a risk of developing tetanus during the newborn period (neonatal tetanus). Neonatal tetanus can be prevented by immunization of adult women. Women who have not received Td and who are thought to be at risk of delivering their babies under unsanitary conditions should be immunized during pregnancy.

Td vaccine is not known to cause special problems for pregnant women or their unborn babies. Doctors usually do not recommend giving any drugs or vaccines to pregnant women unless there is a specific need. Pregnant women who need Td vaccine should receive it, preferably during the second and/or third trimester.

WARNING: Some people should not take this vaccine without checking with a doctor:

- Anyone who is sick right now with something more serious than a cold.
- Anyone who has had a serious reaction to Td shots before.
- Anyone taking a drug or undergoing a treatment that lowers the body's resistance to infection, such as cortisone, predisone, certain anti cancer drugs, or irradiation.
- Anyone who has had a serious reaction to a product containing thimerosal, a mercurial antiseptic.

Questions:
If you have any questions about tetanus or diphtheria or Td immunization please ask us now or call your doctor or health department before you sign this form.

Reactions:
If the person who received the vaccine has an allergic or other serious reaction, the person should be seen promptly by a doctor.

If the person who received Td vaccine gets sick and visits a doctor, hospital, or clinic in the fours weeks after immunization, please report to:

The Physician or nurse where the vaccine was administered, or call collect (617) 522.3767, Massachusetts Department of Public Health.

Please keep this part of the information sheet for your records

I have read or have had explained to me the information on this form about tetanus and diphtheria and Td vaccine. I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of Td vaccine and request that it be given to me or to the person named below for whom I am authorized to make this request.

Last Name	First Name	Initial	DOB	Age

Address	City	County	State	Zip

Signature of person to receive vaccine or person authorized to make this request _____ Date _____

FOR CLINICAL USE ONLY

Clinic Identification	Date Vaccinated	Manufacturer and Lot Number	Site of Injection