I understand that due to my clinical rotations, I may be at risk of being exposed to and contracting Pertussis. In addition, I am aware that if I do contract Pertussis, I may spread the infection to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection.

I have received education about the TDAP vaccination, as well as the adverse events. I have also been given the opportunity to be vaccinated with the TDAP vaccine. However, I decline the TDAP vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Pertussis, potentially resulting in transmission to my patients and family. If in the future I want to be vaccinated with the TDAP vaccine, I can receive the vaccine.

Reason for declining:
- moderate or severe illness with or without fever
- unstable neurologic condition (progressive encephalopathy, uncontrolled epilepsy)
- History of Arthus reaction (i.e., a severe injection site reaction with hemorrhage or local necrosis)
- allergic reaction to previous dose of Tetanus/TDAP vaccine
- had Guillain-Barre syndrome previously
- history of coma/seizures occurring less than seven days after administration of a pertussis vaccine that was not attributable to any identifiable cause (a family history of seizures is not a contraindication)
- physician order not to give at this time
- received vaccine this year from another provider
- don’t want

______________________________________________________________
STUDENT'S NAME (PLEASE PRINT)

______________________________________________________________
STUDENT'S SIGNATURE       DATE

______________________________________________________________
WITNESS' NAME (PLEASE PRINT)

______________________________________________________________
WITNESS' SIGNATURE       DATE