



Holsman Healthcare, LLC  
 Healthcare Staffing and Consulting Services  
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## Tetanus & Diphtheria Toxoid (Td) Vaccination or Declination

Name: \_\_\_\_\_

Tetanus & Diphtheria Toxoid (Td) for adult use is indicated for active immunization against tetanus and diphtheria in adults and children 7 years of age or older. Tetanus or diphtheria infection may not confer immunity; therefore, initiation or completion of active immunization is indicated at the time of recovery from these infections. A booster dose of 0.5ml of Td Toxoid is given ten years after completion of primary immunization and every ten years thereafter.

**ADVERSE REACTIONS:**

Local reactions such as redness, swelling, and tenderness are common after the administration of Td. Such local reactions are usually self-limited and require no therapy. Systemic reactions such as fever, chills, muscle aches, and headaches may also occur. High fever may occur in persons who have very high serum antitoxin antibodies.

**WARNINGS:**

The administration of booster doses more frequently than recommended may be associated with increased incidence of severity of reactions. Deferral of administration of vaccine may be considered in individuals receiving immunosuppressive therapy. Do not take if any clotting disorder is present. It is advisable to wait until the second trimester of pregnancy before receiving the Td Toxoid.

**CONTRAINDICATIONS:**

Hypersensitivity to any component of the vaccine, including Thimerosal, a mercury derivative, is a contraindication. The occurrence of any neurological symptoms and signs following administration of this product is a contraindication to further use. Immunization should be deferred during the course of any illness with fever or acute infection. A minor illness, without fever, such as a mild upper respiratory is not usually reason to defer immunization.

Tetanus and Diphtheria Toxoid within the last ten (10) years: (Date: \_\_\_\_/\_\_\_\_/\_\_\_\_)  
*PLEASE PROVIDE DOCUMENTATION OF IMMUNIZATION TO COMPLETE FORM*

OR

I choose to decline the Td vaccination at this time. I accept I may be at risk due to the occupational exposure of blood or other potentially infectious materials. \_\_\_\_\_ (Initial) \_\_\_\_\_ (date)

The above immunization record is true and accurate to the best of my knowledge. I have attached all appropriate documentation to support any positive serology selections. I agree to hold Holsman Healthcare and client facilities harmless against any and all claims resulting from my failure to receive the Tetanus & Diphtheria vaccine.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

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