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**Occupational  
 Medicine  
 Services**

**Bethesda Care Queensgate**  
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**Bethesda Care Sharonville**  
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**Good Samaritan**  
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## TETANUS VACCINATION ADMINISTRATION RECORD

Vaccine to be given:

- Tetanus/Diphtheria (Td)
- Tetanus/Diphtheria/Pertussis (Tdap)
- Tetanus

"I have read or have had explained to me the \_\_\_\_\_(date) VIS information about the Tetanus, Diphtheria and Pertussis vaccines as checked above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the Tetanus/Diphtheria/Pertussis vaccine as checked above and ask that the vaccine checked above be given to me."

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

*Vaccine Manufacturer:* \_\_\_\_\_

*Vaccine Lot Number:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

*Dosage, Route & Site of Injection:* \_\_\_\_\_

*Administered By:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Adverse reaction after 15 minute wait: Yes \_\_\_\_\_ No \_\_\_\_\_