

# Td (Tetanus, Diphtheria) Vaccine:

## What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See [www.immunize.org/vis](http://www.immunize.org/vis)

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite [www.immunize.org/vis](http://www.immunize.org/vis)

### 1 Why get vaccinated?

Td vaccine can prevent **tetanus** and **diphtheria**.

Tetanus enters the body through cuts or wounds. Diphtheria spreads from person to person.

- **TETANUS (T)** causes painful stiffening of the muscles. Tetanus can lead to serious health problems, including being unable to open the mouth, having trouble swallowing and breathing, or death.
- **DIPHTHERIA (D)** can lead to difficulty breathing, heart failure, paralysis, or death.

### 2 Td vaccine

Td is only for children 7 years and older, adolescents, and adults.

Td is usually given as a **booster dose every 10 years**, but it can also be given earlier after a severe and dirty wound or burn.

Another vaccine, called Tdap, that protects against pertussis, also known as “whooping cough,” in addition to tetanus and diphtheria, may be used instead of Td.

Td may be given at the same time as other vaccines.

### 3 Talk with your health care provider

Tell your vaccine provider if the person getting the vaccine:

- Has had an **allergic reaction after a previous dose of any vaccine that protects against tetanus or diphtheria**, or has any **severe, life-threatening allergies**.
- Has ever had **Guillain-Barré Syndrome** (also called GBS).
- Has had **severe pain or swelling after a previous dose of any vaccine that protects against tetanus or diphtheria**.

In some cases, your health care provider may decide to postpone Td vaccination to a future visit.

People with minor illnesses, such as a cold, may be vaccinated. People who are moderately or severely ill should usually wait until they recover before getting Td vaccine.

Your health care provider can give you more information.

### 4 Risks of a vaccine reaction

- Pain, redness, or swelling where the shot was given, mild fever, headache, feeling tired, and nausea, vomiting, diarrhea, or stomachache sometimes happen after Td vaccine.

People sometimes faint after medical procedures, including vaccination. Tell your provider if you feel dizzy or have vision changes or ringing in the ears.

As with any medicine, there is a very remote chance of a vaccine causing a severe allergic reaction, other serious injury, or death.



**5****What if there is a serious problem?**

An allergic reaction could occur after the vaccinated person leaves the clinic. If you see signs of a severe allergic reaction (hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, or weakness), call **9-1-1** and get the person to the nearest hospital.

For other signs that concern you, call your health care provider.

Adverse reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your health care provider will usually file this report, or you can do it yourself. Visit the VAERS website at [www.vaers.hhs.gov](http://www.vaers.hhs.gov) or call **1-800-822-7967**. *VAERS is only for reporting reactions, and VAERS staff do not give medical advice.*

**6****The National Vaccine Injury Compensation Program**

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines. Visit the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation) or call **1-800-338-2382** to learn about the program and about filing a claim. There is a time limit to file a claim for compensation.

**7****How can I learn more?**

- Ask your health care provider.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call **1-800-232-4636 (1-800-CDC-INFO)** or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

Vaccine Information Statement (Interim)  
**Td (Tetanus, Diphtheria)  
Vaccine**



Office use only



# Immunize Los Angeles

5901 W. Olympic Blvd, Ste 103, Los Angeles, CA 90036

Phone 323.937.2590 • Fax 323.937.0259

## Td (Tetanus, Diphtheria) Vaccine Consent Form

I have read and understood the above information about Td (Tetanus, Diphtheria) vaccination. I have had a chance to ask questions. I understand the benefits and risks of Td (Tetanus, Diphtheria) vaccination and request that vaccine be given to me or the person named below whom I am authorized to sign for.

Information of Person to Receive Vaccine			
Name (Please print): Last Name, First Name    Date of Birth			
Address: Street		City	State    Zip
Phone Number			
X			
Signature (Person receiving Vaccine or Parent or Guardian)			Date

For Clinic Use Only	
Date of Vaccination:	
Manufacture/ Lot Number:	
Site of Injection:	
Chronic Diseases:	<input type="checkbox"/> Yes <input type="checkbox"/> No



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## Screening Questionnaire

The following questions will help us determine which vaccines may be given today. If a question is not clear, please ask your health care provider to explain it.

	Yes	No	Don't Know
1. Are you sick today?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you have allergies to medications, food, or any vaccine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever had a serious reaction after receiving a vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have cancer, leukemia, AIDS, or any other immune system problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you take cortisone, prednisone, other steroids, or anticancer drugs, or have you had x-ray treatments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. During the past year, have you received a transfusion of blood or blood products, or been given a medicine called immune (gamma) globulin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. For women: Are you pregnant or is there a chance you could become pregnant in the next three months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you received any vaccinations in the past 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
Signature (Person receiving Vaccine or Parent or Guardian)

\_\_\_\_\_  
Date

**Did you bring your immunization record card with you?**    Yes     No

It is important for you to have a personal record of your vaccinations. If you don't have a record card, ask your health care provider to give you one. Bring this record with you every time you seek medical care. Make sure your health care provider records all your vaccinations on it.