



## ADULT NON-PATIENT

### ADACEL (Tdap) VACCINE SCREENING QUESTIONNAIRE

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

**\*\*Payment for the vaccine is due at the time of service. If Tdap vaccine is a covered benefit with your insurance company, you may choose to file the claim.**

Please circle YES or NO to following questions:

- |   |     |     |
|---|-----|-----|
| 1. Have you had a severe allergic reaction to a vaccine component (T, D or P)?  | YES | NO  |
| 2. Have you had a severe allergic reaction following a prior dose of DTaP, DTP, DT or Td?   | YES | NO  |
| 3. Have you had encephalopathy within 7 days of administration of a pertussis vaccine that is not attributable to another identifiable cause? | YES | NO  |
| 4. Do you have a history of severe local reaction following a previous dose of tetanus or diphtheria-toxoid-containing vaccine?               | YES | NO  |
| 5. Do you have a progressive neurological disorder, uncontrolled epilepsy or progressive encephalopathy?                                      | YES | NO  |
| 6. Do you have a history of Guillain-Barre syndrome within 6 weeks after a previous dose of tetanus toxoid-containing vaccine?                | YES | NO  |
| 7. Are you currently ill with a moderate or severe acute illness?   | YES | NO  |
| 8. To the best of my knowledge, I have received a complete series of 3 doses of DTaP, DTP, DT or Td.  | NO  | YES |
| 9. Do you have a Severe Latex Allergy?  | YES | NO  |

I hereby acknowledge the above is true and correct. I understand that if I have had a tetanus-containing vaccine within the past 2 years I may be at risk for a more severe vaccine reaction.

\_\_\_\_\_  
Signature and Date

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**FOR INTERNAL USE ONLY:**

If any of the above questions in the left hand column are answered, consult with provider. If all of the answers in the right hand column are circled, this patient is authorized to receive the appropriate dose of Tdap vaccine.

ADMINISTRATION :    R    L    DELTOID

MANUFACTURER: Sanofi Pasteur    Lot# \_\_\_\_\_    Exp. Date: \_\_\_\_\_

VIS GIVEN: YES    NO    EDITION DATE: 11/18/2008

LAST UPDATED 9/6/11

\_\_\_\_\_  
Staff Signature and Date