

**County of El Dorado Health Services Department
Public Health Division 2011-2012
Tdap Vaccination Registration and Consent**

Print Clearly:

Child's School _____ Grade _____ Child is: Male Female

Child's Name _____ Date of Birth _____ Age _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Day-time Phone () _____
(If we need to reach you the day of the clinic)

ANSWER ALL THE FOLLOWING QUESTIONS:

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Does your child have any chronic medical condition diagnosed by a health care provider? (Circle all that apply) asthma heart disease diabetes immune problem anemia
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any unstable or progressive condition of the brain, spinal cord or nervous system? (i.e., epilepsy, MS, CP etc.) If yes state:
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever had Guillain-Barré syndrome before? If yes explain:
<input type="checkbox"/>	<input type="checkbox"/>	Does your child have any other health condition? If yes, please describe:
<input type="checkbox"/>	<input type="checkbox"/>	Has your child received the Tdap vaccine? When: _____
<input type="checkbox"/>	<input type="checkbox"/>	Was your child at least 7 years of age or older when Tdap was given?
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever had a serious reaction to any tetanus, diphtheria, or pertussis containing vaccines or to any other type of vaccine? If yes, explain:
<input type="checkbox"/>	<input type="checkbox"/>	Has your child ever had a serious allergic reaction to Latex?
<input type="checkbox"/>	<input type="checkbox"/>	Is your child pregnant?

I have received and read the "Vaccine Information Statements" for **Tdap** (Tetanus, diphtheria, acellular pertussis) dated 11/18/08. I understand that I can call County of El Dorado Health Services if I have any questions in regard to the Tdap vaccine in South Lake Tahoe (530) 573-3165 or Placerville (530) 621-6112.

- I understand that, depending on the answers to the questions listed above, my child may or may not receive the Tdap vaccine at his/her school.

I, Parent/Guardian signature _____ authorize that my child, whose name is listed above receive the Tdap vaccine.

NOTICE OF PRIVACY ON BACK SIDE

Child's Name _____ Date of Birth _____ Age _____

Insight # _____

For Clinic Use Only				
Date	Vaccine/ Mfg/Lot #	Sticker	Administered By (Name/Title)	Site/Route
				IM LD RD
<input type="checkbox"/> Unable to vaccinate:				Absent Unwilling Other:
Administration Comments:				
Provider Signature:				

Screening Notes:

Provider Signature:

NOTICE OF PRIVACY PRACTICES:

The County of El Dorado complies with required privacy practices and has information about your rights concerning collection, use and disclosure of your protected health information. Notice about your rights, our legal duties for disclosure and privacy practices with respect to your protected health information is available at <http://www.edcgov.us/HIPAA.html>. Other uses/disclosures of your protected health information may be made only with your written authorization (unless permitted by law). You have the right to review, obtain, restrict or amend your protected health information. You may exercise any of the rights described and as found in the referenced link, file a complaint, request a copy of the Privacy Notice or ask questions by contacting us: (530) 621-6108.

Health Services participates in the California Immunization Registry. All immunizations given are entered into the Registry database, which provides back up documentation of given vaccines for health providers. If you need more information or have concerns, contact:
Cathy Dunbar (530) 621-6112 (English) or Josefina Solano (530) 573-3165 (Spanish)