



NORTHAMPTON COUNTY

Department of EMERGENCY MEDICAL SERVICES



STANDARD OPERATING GUIDELINES

TOPIC: Declination of Tdap Vaccine	SOG #: 2.3.5
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Status: ACTIVE	Written: 02/24/2009
Written by: Hollye B. Carpenter	Revised: 02/12/2013
Approved by: Hollye B. Carpenter	Adopted: 01/01/2013

PURPOSE

Declination of Diphtheria-Tetanus-Pertussis (Tdap) Vaccination

SCOPE

All EMS Providers

CONTENT

“As a healthcare provider, I understand that I am at increased risk of acquiring Diphtheria-Tetanus infection.

I have read the information sheet regarding the Tetanus-Diphtheria-Pertussis (Tdap) vaccination provided by Northampton County Department of EMS and understand the information contained in the information sheet. I am aware that the Department provides the vaccination free of charge to me and recommends that I obtain this vaccination.

Nevertheless, I choose not to have the vaccination for personal or medical reasons and voluntarily assume the risks and costs associated with my decision not to be vaccinated for Tetanus-Diphtheria-Pertussis.

If, in the future, if I continue to have occupational exposure and want to receive the Diphtheria-Tetanus (Td) or Tetanus-Diphtheria-Pertussis (Tdap) vaccination, I can receive the vaccination at no charge to me.”

I am declining due to the following reasons: (check all that apply)

- I have already been vaccinated.
- I am allergic to components of the vaccine (specify) _____.
- I don't believe in vaccines.
- I won't take the vaccine because of side effects.
- I don't believe this vaccine is important.

Other (specify) _____

EMS Provider's Name (printed):

EMS Provider's Signature:	Date:
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EMS Officer's Signature:	Date:
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