

FORM T-2

TETANUS / DIPHTHERIA / PERTUSSIS (Tdap)

Requirement:

You must have clearance for Tetanus, Diphtheria, and Pertussis for the duration of the upcoming academic year. You **ONLY** need to complete **1** of the following 3 options. Please complete the first option in this ordered list that applies to you.

- 1)** If you have **NEVER** received a Tdap **OR** received your last Tdap **BEFORE your 10th birthday**, then please get a Tdap booster shot to clear this requirement. Note, the DTaP vaccine is **NOT** the same as the Tdap vaccine and **CANNOT** be substituted.
- 2)** If you received your last Tdap **AFTER 08/31/2014**, then documentation for this Tdap will clear you for the upcoming academic year.
- 3)** If you received your last Tdap **BEFORE 09/01/2014**, then you will need to have your healthcare provider document your **PRE-09/01/2014** Tdap **AND** a Td booster shot received **AFTER 08/31/2014** (if necessary, please get a new Td booster to renew your clearance).
 - This option **REQUIRES** that you submit documentation for **2 booster shots**: a Tdap and a Td! The older Tdap clears you for the pertussis requirement, while the more recent Td booster shot clears you for Tetanus and Diphtheria.
 - *If your healthcare provider is willing to give you a new Tdap booster shot instead of a new Td booster shot, then follow option #2.*

NEITHER the Tdap **NOR** the Td booster shots are "live", so **NO effect on TB Clearance**.

Student's Name: _____

For your Healthcare Provider to fill out:

Student's Date of Birth: _____

Tdap VACCINATION		Td VACCINATION	
VACCINE	<u>DATE GIVEN</u>	VACCINE	<u>DATE GIVEN</u>

Clinic or Provider Name

Healthcare Provider's Signature