

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 **different from** the Tdap and **CANNOT** be substituted.
- 2) If you received your last Tdap **AFTER 08/31/2016**, then documentation for this Tdap will clear you for the **2025-2026 academic year**.
- 3) If you received your last Tdap **BEFORE 09/01/2016**, then you will need to have your healthcare provider document your **PRE-09/01/2016** Tdap **AND** a Td booster shot received **AFTER 08/31/2016** (if necessary, please get a new Td booster shot).
 - Option #3 **REQUIRES** that you submit documentation for **2 booster shots**: a Tdap and a Td! Your older Tdap clears you for the Pertussis requirement, while your more recent Td booster shot clears you for the Tetanus and Diphtheria requirements.
 - 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.

Notes:

- You may submit alternate documentation in place of this form if your documentation contains the exact same information captured by this form.
- **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	
Clinic / Provider	Date Given	Clinic / Provider	Date Given

Name of Clinic

Healthcare Provider's Signature