AUBURN UNIVERSITY

Harrison College of Pharmacy

Tetanus-Diptheria-Pertussis (Tdap)

Student Information:

Last Name First Name Middle Initial

Street Address City State Zip

Email Address _____ Phone ( )_____

Date of Birth _____ Male ( ) Female ( )

One (1) dose of adult Tdap. If last Tdap is more than 10 years old, provide date of both last Td and Tdap

Tdap Vaccine (Adacel, Boostrix, etc.)	_____/_____/_____ Month Day Year

OR

Td Vaccine (If more than 10 years since last Tdap)	_____/_____/_____ Month Day Year

MD/PA/NP Signature: _____ **Date:** _____

Print Name: _____

Address: _____

Phone: ( ) _____ - _____

1202 Walker Building, Auburn, AL 36849-5502; Telephone: 334-844-4195; Fax: 334-844-4346

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