

GENERIC NAME: TYPHOID VACCINE ENTERIC-COATED CAPSULE - ORAL (TIE-foyd)

BRAND

USES: T

(Salmonella)

water. This

typhoid fever

to someone

vaccine can

protection

HOW TO

taking the

dose, inspect

inspect the

capsule is

as directed

a meal. Place

hold the capsule

To help you remember, mark your calendar to keep track of when to take your next dose. You should complete your course of the vaccine at least 1 week before possible exposure to typhoid fever. You may need a booster vaccine if you still remain at risk for typhoid fever after 5 years. Ask your doctor or pharmacist for more details.

SIDE EFFECTS: Nausea may occur. If this effect persists or worsens, tell your doctor or pharmacist promptly. Remember that your doctor has prescribed this medication because he or she has judged that the benefit to you is greater than the risk of side effects. Many people using this medication do not have serious side effects. A very serious allergic reaction to this drug is rare. However, seek immediate medical attention if you notice any symptoms of a serious allergic reaction, including: rash, itching/swelling (especially of the face/tongue/throat), severe dizziness, trouble breathing. This is not a complete list of possible side effects. If you notice other effects not listed above, contact your doctor or pharmacist. Contact your doctor for medical advice about side effects. The following numbers do not provide medical advice, but in the US, you may report side effects to the Vaccine Adverse Event Reporting System (VAERS) at 1-800-822-7967. In Canada, you may call Health Canada at 1-866-234-2345.

OVERDOSE: If overdose is suspected, contact a poison control center or emergency room immediately. US residents can call the US National Poison Hotline at 1-800-222-1222. Canada residents can call a provincial poison control center.

AUBURN MONTGOMERY

STUDENT HEALTH CENTER

Carol Stewart, C.R.N.P.

Lic. #1-045437

Rx: 1178

P. O. Box 244023

Montgomery, AL 36124-4023

(334) 244-3281

Ramona Lazenby, C.R.N.P.

Lic. #1-039092

Rx: 0703

Darlene Pierce, C.R.N.P.

Lic. #1-134315

RX: 3692

Maryluz Fuentes, M.D.

(334) 286-3444

DEA #BF.6451520

AL #24127

Name

Address

R

Vivotif

Disp: 4

Sig: Take as directed.

Product Selection Permitted

Dispense As Written

M.D. or C.R.N.P.

M.D. or C.R.N.P.