



TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) IMMUNIZATION

LAST NAME: Gulden

FIRST NAME: Amanda

TSCC ID #: _____

DUG: 2/12/91

TETANUS, DIPHTHERIA, & PERTUSSIS (TDAP) VACCINATION - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE.

A TDAP BOOSTER IS REQUIRED EVERY 10 YEARS AFTER INITIAL VACCINE.

DATE OF ORIGINAL TDAP VACCINATION: 4/25/1991

DATE OF MOST RECENT BOOSTER: 12/16/2021

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Murdoch Fain, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE M. Fain CRNP

Provider:
Please place office stamp
here (if possible) for
validation purposes.

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MONTGOMERY, AL 36124-4023