



## TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) IMMUNIZATION

LAST NAME: Hall

FIRST NAME: Andre

TSCC ID #: \_\_\_\_\_

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: 9/10/03  
Dtap

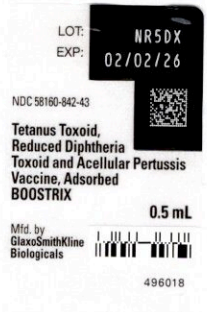
DATE OF MOST RECENT BOOSTER: 12/6/2013

PHYSICIAN/NURSE PRACTITIONER NAME & CREDENTIALS (PLEASE PRINT) Lindsey Barton, CRNP

PHYSICIAN/NURSE PRACTITIONER SIGNATURE: \_\_\_\_\_

*[Handwritten Signature]*

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



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