

# Free Pertussis (Whooping Cough) Vaccinations For Uninsured Ages 11 years - 64 years of age

Rowan County Health Department  
1811 East Innes Street  
Salisbury, NC 28146

**Limited Supply** of 500 Doses Available On a First Come First Serve Basis  
Complete the Attached Registration Form and Bring It with You for Faster Check-in  
Appointments Preferred

**For an Appointment Call: 704-216-8786**

**Facts about Pertussis:** Pertussis (whooping cough) is highly contagious and is one of the most commonly occurring vaccine preventable diseases in the United States. People with Pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the Pertussis bacteria. Many infants who get Pertussis are infected by older siblings, parents or caregivers who might not even know they have the disease.

Pertussis is most severe for babies, who often catch the illness from a sibling, parent, family member or other caregiver. Pertussis in babies may cause a mild or strong cough that produces vomiting. They can develop a whooping sound as they try to breathe air that is in their lungs out of their lungs. The illness can cause pneumonia and in severe cases death.

Since newborns are not old enough to receive the Pertussis vaccine, it is important to circle babies with protection by having those in contact with them immunized. Persons should receive the vaccine prior to contact with babies if possible. Pregnant women may receive the vaccine after they deliver. If you are not pregnant but plan to be in the future, it is recommended that you receive the vaccine before you are pregnant.

If you think you do not need to get the vaccine or have those around your baby get the vaccine, then please take about 5-6 minutes to view each of the attached videos. It could save you or someone else's baby's life. Video: <http://shotbyshot.org/pertussis/dylans-story-video/> and/or <http://shotbyshot.org/pertussis/whooping-cough/>

The TdaP vaccine that protects against Pertussis also protects against Tetanus and Diphtheria. Tetanus, also known as Lockjaw, leads to tightening of the jaw muscles so that the infected person cannot open their mouth or swallow. People usually get Tetanus by bacteria entering the body through a cut or open area/wound on the skin. Diphtheria is spread person to person. Diphtheria causes a thick covering in the back of the throat making it difficult to breathe. It can also lead to paralysis, heart failure and death.

*The TdaP vaccine for this vaccination opportunity is made possible by the Adacel GIFT Program and Sanofi Pasteur.*

**Rowan County Health Department  
Registration and Consent Form  
Pertussis (TdaP) Vaccination  
2011**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic:  Yes  No

Sex:  Male  Female

Marital Status: Married  Single  Separated  Divorced

Primary Language:  English  Spanish

If child is being vaccinated, parent or guardian information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Consent For Vaccination**

I, \_\_\_\_\_, have received a vaccine information sheet about the  
*Signature of client or parent/guardian*

TdaP vaccine and have had my questions answered. I consent for me \_\_\_\_\_  
*Fill in Name*

or my child \_\_\_\_\_ to receive the TdaP vaccination.  
*Fill In Name*

I also confirm by signing this consent that I and/or my child receiving the vaccine are uninsured or do not have insurance that covers the cost of the TdaP vaccine.