

[Letterhead]

Date: _____

Patient Name: _____

Patient Date of Birth: _____

Due Date: _____

Dear Physician/Nurse Practitioner/Pharmacist/Vaccine Clinic,

The American College of Obstetricians and Gynecologist (ACOG) supports the Centers for Disease Control and Prevention's (CDC) recommendations for vaccination of pregnant women.

This patient is currently pregnant and receiving obstetrical care in my office. She needs the following vaccine/vaccines and I do not carry vaccines in my office.

I have counseled the patient about the risks, benefits, alternatives, and indications of the vaccine(s) during pregnancy. She understands the risks and benefits to herself and her fetus and has chosen to receive the vaccination(s).

I recommend that she receive the following *circled* vaccination(s).

Inactivated Vaccine	Date Administered	Manufacturer	Lot Number/ Exp. Date	Signature
Tetanus/Diphtheria/Acellular Pertussis (Tdap)				
Inactivated Influenza (flu)				
Other:				

This recommendation is valid through _____

Please

- 1) Administer the indicated vaccines**
- 2) Complete and sign this form**
- 3) Write your organization and address here _____**
- 4) FAX the form back to my office [insert FAX number here]**

Thank you very much for your assistance,

[Insert Health Care provider signature and name here]

Resources:

ACOG
https://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Influenza_Vaccination_During_Pregnancy

https://www.acog.org/Resources_And_Publications/Committee_Opinions/Committee_on_Obstetric_Practice/Update_on_Immunization_and_Pregnancy_Tetanus_Diphtheria_and_Pertussis_Vaccination

CDC <http://www.cdc.gov/vaccines/adults/rec-vac/pregnant.html>

Final Referral letter/Pregnancy TAPI version_4/14/2015 – Reviewed by Karen Lewis, MD – ADHS Immunization Program Office