



Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

After reviewing your health file, it was noted that we do not have proof of a Tetanus Toxioid immunization on file. It is recommended by the CDC that a Tetanus immunization be given every ten years.

If you have had a Tetanus immunization in the last 10 years please submit a copy so we can place it in your file. If you have not had the immunization we recommend that you have one. The cost of the immunization will be reimbursed once a copy of proof of immunization and receipt are received.

*I understand that a Tetanus immunization is recommended if I have not had one in the past 10 years.*

\_\_\_\_\_  
signature

\_\_\_\_\_  
Date