

NAME: _____ SS#: _____

DATE: _____ T° _____ BP _____ ALLERGIES: _____

MEDICATIONS: _____

PATIENT INTERACTIVE INFORMED CONSENT: GARDASIL VACCINE

I understand that the 3 cycle Gardasil Vaccine does not substitute for a routine cervical cancer screening/pap smear. Gardasil may not fully protect everyone who gets the vaccine since there are over 100 types of HPV any many sub-types. The vaccine will not protect you against HPV types to which you may have already been exposed. Gardasil works best when given to individuals that have not had contact with certain types of HPV (types 6, 11, 16, 18). YES NO

I have read the patient product information on website <http://www.gardasil.com>, or the C.D.C. information "Gardasil Vaccine". YES NO

Have you had a serious allergic reaction or other problems after a Gardasil Vaccine? YES NO

Are you sick right now with a moderate/severe illness? YES NO If yes, explain _____

Are you sexually active? YES NO

If yes, I consent to urine pregnancy test prior to each vaccine. YES NO

Are you planning a pregnancy in the next 3 months to 6 months? YES NO

Are you a nursing mother? YES NO

Do you have a family history of congenital/hereditary immunodeficiency? YES NO

I am aware that the most common side effects to this vaccine include pain, swelling, itching and redness at the injection site. YES NO

I understand I can take acetaminophen (Tylenol) or ibuprofen (Advil) to relieve the discomfort. YES NO

I am aware that the main ingredients of Gardasil are purified inactive proteins (HPV Types 6, 11, 16, 18). Gardasil also contains amorphous aluminum hydroxyl phosphate sulfates; this is common in most vaccines. YES NO

Have you had any allergic reactions to any childhood vaccines? YES NO

Are you receiving any immunosuppressive medication? YES NO

If yes, the use of Gardasil vaccine may reduce the effective response to this vaccine to you. YES NO

I believe I understand the benefits and risks of receiving Gardasil Vaccine; I request that Gardasil Vaccine be given to me. YES NO

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

FLAMINGO WOMEN'S PAVILION