

UWF Health Center  
Consent for GARDASIL

Gardasil is a vaccine that helps protect against the following diseases caused by Human Papillomavirus Types 6, 11, 16, and 18: Cervical cancer, abnormal and precancerous cervical, vaginal and vulvar lesions, and Genital warts. Gardasil helps prevent these diseases-but it will not treat them.

Some persons may experience side effect (\*) from the vaccine, such as:

Local discomfort, pain, swelling or itching    Headache    Rash  
Fever                      Dizziness              Bronchospasms

(\*) Adverse effects are uncommon and reactions are usually mild

**PLEASE ANSWER THE FOLLOWING QUESTIONS BY CIRCLING YES/NO**

- |  |     |    |
|--|-----|----|
| 1. Have you any sensitivity to purified inactive proteins, amorphous aluminum, phosphate, or borate? | Yes | No |
| 2. Are you presently on any immunosuppressive or corticosteroid therapy?                             | Yes | No |
| 3. Have you attended an inservice and/or read the handout on Gardasil?                               | Yes | No |
| 4. Are you pregnant, nursing, or planning to become pregnant within six months?                      | Yes | No |
| 5. Do you understand you need to complete series of three vaccines to achieve immunity?              | Yes | No |

I, \_\_\_\_\_, have discussed the purpose and advisability of HPV (Gardasil) immunization, and I have full understanding of the purpose of the vaccine. I hereby, consent to the vaccine, a three injection series to be administered initially, at two months, and at six months.

	<u>DATE</u>	<u>LOT#</u>	<u>MAN</u>	<u>IM SITE</u>
#1	_____	_____	_____	_____
#2	_____	_____	_____	_____
#3	_____	_____	_____	_____

\_\_\_\_\_  
Patient UWF ID#

\_\_\_\_\_  
Patient Signature                      Date

\_\_\_\_\_  
RN Signature                              Date