

LAUREL WOMEN'S MEDICAL GROUP

Gardasil (HPV) Human Papillomavirus Vaccine Information

I have been given a copy of the patient information sheets to review. In summary, I understand that:

Gardasil is a vaccine that helps protect against diseases caused by HPV types 6, 11, 16, and 18, such as

- Cervical cancer
- Abnormal and precancerous cervical lesions (dysplasia)
- Vaginal dysplasia and precancer
- Genital warts

It may not protect everyone who gets the vaccine from those diseases.

It will not treat pre-existing HPV disease, or diseases due to other HPV types not found in the vaccine.

Regular pelvic exams and pap smears are still necessary, as this vaccine will not prevent ***all*** cervical cancers and precancers.

The vaccine may be less effective if exposure to HPV has already occurred, but might protect against diseases from the other subtypes of HPV in the vaccine.

One cannot get a disease from the vaccine.

Abstinence from sexual activity is the most effective way to avoid sexually transmitted diseases including HPV. Condoms may decrease the risk of HPV but may not cover all affected skin. Limiting the number of sexual partners may decrease the risk.

I understand that if I choose not to get the vaccine and am sexually active, I put myself at risk of acquiring HPV and all the potential conditions and diseases associated with HPV infection.

I have had the opportunity to discuss this with my provider and all of my questions regarding the HPV vaccine have been answered.

_____ I want to receive the vaccine at this time. I will make appointments in two months and in six months for my second and third doses to complete the recommended three injection course.

_____ I do not want to get the vaccine at this time. I know that I may change my mind at any time and revisit this issue in the future.

Patient signature _____ Date: _____

Parent signature (if patient is a minor) _____

Witness signature _____