

Gardasil Vaccine Information and Consent Form

Gardasil vaccine has been approved for use to help prevent cervical cancer.

The Government is offering it free for all school age girls and women aged 18-26 until June 2009 when the program ends.

It requires 3 shots over 6 months (0, 2, and 6 mths or an accelerated course is available at 0, 1, and 4 mths for women who will turn 27 before the end of 4 mths and thus become ineligible for the free vaccine).

Free vaccine is not available to anyone who can't complete the minimum 4 mth course by age 27. Paying for the first one now and being able to complete before age 27 is an option for those who fall short by one month.

It provides 90-100% protection against 2 strains of Human Papilloma Virus that cause 70% of cervical cancers.

Because it doesn't cover all varieties of HPV and you will still need regular pap smears however your chance of getting cancer in the long term is dramatically reduced.

80% of women catch the viruses responsible for causing cervical cancer over their lifetime. Fortunately most women will manage to eradicate the virus with no untoward effects, however some women will go on to harbour the virus and go on to get cervical cancer.

It take anywhere from 8 to 20+ years for the virus to cause cancer after a woman becomes infected but regular pap smears will reduce the risk of developing cervical cancer.

Vaccination will substantially contribute to that reduction of risk by preventing you catching the 2 strains of virus which cause 70% of cervical cancers.

Common side effect are mild to moderate pain, redness or swelling at the injection site, headache, fever and nausea.

Pain and swelling can be relieved with paracetamol as directed, and by placing a cool, moist cloth over the injection site.

- I certify I have read this information and consent to being given the vaccine.
- I am not pregnant (if you have had any unprotected intercourse or condom accidents in the last month - await your next period and come in then)
- I am not allergic to yeast or any of the vaccine components (aluminum phosphate, sodium chloride, L-histidine, polysorbate and sodium borate).
- I have not had a severe allergic reaction to a previous dose of the vaccine.
- I am aware I should wait 20-30 minutes after any vaccine to ensure no allergy side effect occurs.
- I am aware to report to the nurse immediately any problems with breathing, itchy rash, hives, lip, tongue or throat swelling or dizziness.

Please input your email/SMS reminder for your next vaccine for 2 mths and 6 mths for the usual course or 1 and 4 months for the accelerated course into www.gardasilclub.com.au.

Signed _____

Date _____

Print Name _____

DOB _____