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Gardasil Vaccine Consent

Our office offers the **Gardasil** vaccine to patients aged 9-26 who are not pregnant. Please read the attached handouts regarding the vaccine and indicate whether you would like to get the vaccine today.

_____ I have already been vaccinated.

_____ I decline the **Gardasil** vaccine.

_____ I have reviewed the handouts regarding the vaccine's benefits and/or risks and I would like to receive the **Gardasil** vaccine today.

Printed Name: _____

Signature: _____ Date: _____