

INFORMED CONSENT FORM for HPV VACCINATION

Name of the Vaccine: _____ Vial number: _____ (pls write NA in case vaccine is refused)

Details of HPV vaccine recipient & parent /guardian:

Name: _____ Age: _____

Name of the Parent / Guardian: _____

Contact Number: _____

Address: _____

Sr No. _____

Information to be given to the vaccine recipient / Parents

Tick if information is given

1. **Vaccination is not compulsory** in order to access public and private services such as interstate travel, local trains and buses, offices, clubs, malls and shops, restaurants, schools, examination centers, religious and non-religious gatherings.

2. As per law, no particular system of medicine can be imposed upon any citizen.

3. *Authorities and Doctors administering the vaccines are duty bound to take 'INFORMED CONSENT' from the parents* and as well as advertise widely about the contents and adverse events of the vaccines. **Else, it shall be a Contempt of the Court directions** given in the case of "Master_Hridaan_Kumar_Minor_vs_Union_Of_India_And_Others" W.P.(C) 343/2019 and CM Nos. 1604/2019 & 1605/2019, High Court of Delhi"

4. No one can ask the parents their reason for refusing consent for administering vaccines to their children. The recipient is under no pressure, either from doctors, family members, or from any authorities, to get injected with the Gardasil HPV Vaccine.

5. Following are some on the ingredients of the HPV Gardasil Vaccine and their reported side effects:

Amorphous Aluminum Hydroxyphosphate Sulfate – impairs cognitive and motor function, alters DNA, chromatin RNA structure, induces autoimmune interactions and macrophagic myofasciitis, blocks neuronal signaling, binds to protein, affecting protein function, inhibits antioxidant enzyme action, interferes with synaptic transmission, disrupts mitochondria and organelles in cells.

Polysorbate 80 - infertility, weakens the blood-brain barrier, anaphylactic shock and hypersensitivity reactions, affects reproductive and cardiac system.

Sodium Borate (Borax) - harms male reproductive system, harms fetus development, acute toxic reactions.

L-histidine - increases blood clotting, increases permeability of blood vessels, inflammation, causes complications in cases of folic acid deficiency.

Genetically Modified Yeast *Saccharomyces Cerevisiae* – causes autoimmune diseases.

Undisclosed HPV DNA Fragments - unknown auto immune reactions.

6. The HPV vaccine Gardasil has been associated with many adverse effects worldwide. Compensation cases have been filed internationally, and settlements have been paid, including one of the highest settlement payouts related to vaccine injury.
7. There are cases of healthy people dying following HPV Vaccination with Gardasil Injection. In India, during the clinical trials in 2009, 7 tribal girls died following the vaccination and hundreds had severe adverse effects including infertility, menstrual disorders and cancer.
8. According to the **Vigiaccess of World Health Organisation** www.vigiaccess.org over 2000 side effects under 27 categories given below have been recorded for the Gardasil Vaccine:

Gardasil contains the active ingredient **HPV vaccine**
There are **146064** reports with this active ingredient

Reported potential side effects

- › Blood and lymphatic system disorders (1%, 3020 ADRs)
- › Cardiac disorders (1%, 3452 ADRs)
- › Congenital, familial and genetic disorders (0%, 422 ADRs)
- › Ear and labyrinth disorders (1%, 2621 ADRs)
- › Endocrine disorders (0%, 632 ADRs)
- › Eye disorders (2%, 6865 ADRs)
- › Gastrointestinal disorders (8%, 23660 ADRs)
- › General disorders and administration site conditions (26%, 81337 ADRs)
- › Hepatobiliary disorders (0%, 401 ADRs)
- › Immune system disorders (1%, 2986 ADRs)
- › Infections and infestations (2%, 6929 ADRs)
- › Injury, poisoning and procedural complications (7%, 22871 ADRs)
- › Investigations (5%, 16776 ADRs)
- › Metabolism and nutrition disorders (1%, 2603 ADRs)
- › Musculoskeletal and connective tissue disorders (7%, 21656 ADRs)
- › Neoplasms benign, malignant and unspecified (incl cysts and polyps) (1%, 1837 ADRs)
- › Nervous system disorders (18%, 57417 ADRs)
- › Pregnancy, puerperium and perinatal conditions (0%, 1319 ADRs)
- › Product issues (0%, 943 ADRs)
- › Psychiatric disorders (2%, 7796 ADRs)
- › Renal and urinary disorders (0%, 1561 ADRs)
- › Reproductive system and breast disorders (2%, 4869 ADRs)
- › Respiratory, thoracic and mediastinal disorders (3%, 8014 ADRs)
- › Skin and subcutaneous tissue disorders (7%, 21172 ADRs)
- › Social circumstances (1%, 2747 ADRs)
- › Surgical and medical procedures (1%, 3194 ADRs)
- › Vascular disorders (3%, 8179 ADRs)

9. Cervical cancer mortality rate in India declined by 32% without any vaccination program.
10. Most HPV infections are asymptomatic and resolve spontaneously.
11. 'Journal of the Royal Society of Medicine' reports that the vaccine efficacy lasts only up to 5 years. It means that it does not give protection after 5 years. There is lack of conclusive data regarding the length of immunologic protection that the vaccine gives against HPV subtypes.
12. **No compensation will be provided by the government in case of death or adverse event due to" vaccination" as it is completely voluntary.**
13. The vaccine manufacturer may offer compensation in case of death or adverse event, however it may be difficult to prove that the "vaccine" caused the death or adverse event.
14. Alternative protocols under AYUSH methods are available for treatment of HPV and Cervical Cancer. These protocols follow Ayurveda, Yoga, Unani, Siddha & Homeopathy systems of medicine.
15. **The procedure of reporting side effects** on Co-WIN app/portal has been explained.

I, _____ (name and designation) am the immunization officer in charge of HPV vaccine administration. I confirm that the vaccine recipient and his / her parent / guardian was given the full information given above in detail in their local language.

Location:

Date:

Signature and Stamp of the Immunization Officer

I confirm that I am given the above information about HPV vaccination and explained in my mother tongue _____. I am aware that I have a choice to refuse to vaccinate my child.

I hereby, give my consent / do not give my consent for giving HPV vaccine to my son/ daughter / ward.

Place:

Date:

Signature of the Parent / Guardian

****This Informed Consent form is designed as per the recommendations of AIIMS, Bhubaneswar.***