

HIV nPEP* Consent Form

*nPEP: non-occupational post-exposure prophylaxis

PLEASE SIGN BELOW AFTER READING AND REVIEWING THE FOLLOWING:

I understand that I have had an exposure which may place me at risk for HIV infection.

I have been given information regarding the following and understand:

- the potential risks of HIV transmission related to my exposure.
- the risks and benefits of nPEP.
- that nPEP is not guaranteed to prevent HIV transmission.
- that use of antiviral medications for nPEP is not an approved indication in Japan.
- the need for initial testing including HIV, STIs and viral hepatitis.
- the need to return for follow-up at 4 weeks and 3 months.
- the importance of taking the medication daily for 28 days.
- the possible side effects of medications used for nPEP.
- that I should not stop taking the medication without consulting my physician
- that I should not donate blood or semen for 6 months.
- that I should practice safe sex and not breastfeed for the next 6 months.
- that I should contact my physician for any changes in my health while taking nPEP.

I have read and understood the above, my questions have been answered, and I agree to proceed with nPEP.

NAME _____

SIGNATURE: _____

DATE: _____