

Post-Exposure Medical Treatment for Exposure to HIV

- ☐ I understand that the exposure that I sustained meets the criteria for offering antiretroviral drug treatment in accordance with the Centers for Disease Control and Prevention's recommendations dated May 15, 1998; June 29, 2001; and Sept. 30, 2005.
- ☐ I understand that these drugs are offered because, "theoretically, initiation of antiretroviral PEP soon after exposure may prevent or inhibit systemic infection by limiting the proliferation of virus in the initial target cells or lymph nodes."
- ☐ I understand that post-exposure prophylaxis (PEP) is a four-week course of treatment. I understand that this drug treatment is associated with an increased risk for side effects. I have been advised that side effects may include nausea, vomiting, malaise/fatigue, headache, or insomnia.
- ☐ I have been offered counseling by a licensed health care provider and have had an opportunity to ask questions regarding the following:
 - _____ Source patient test results (include viral load test if HIV-positive)
 - _____ What is known and unknown about PEP
 - _____ Side effects
 - _____ Use of drugs in pregnancy (need for pregnancy testing)
 - _____ Baseline and every two-week blood work
 - _____ Current medications and drug interactions
 - _____ Drug allergies
 - _____ Efficacy/toxicity of these drugs
 - _____ Refraining from sexual activity and donating blood, tissues, or organs
 - _____ Importance of using condoms if sexually active
- ☐ Based on this counseling session, I elect to receive PEP treatment in accordance with the current recommendations.

Employee signature: _____

Date: _____

Physician signature: _____

Physician's name (print) _____