**Consent for Community Based Clinical Screening**

**1. Consent to screening**

I wish to take part in today’s risk assessment and screening for a health screening being provided by Pacific Lutheran University, School of Nursing, Family Nurse Practitioner faculty and students.

I consent to the free screening of the following (circle all screenings being offered today): blood pressure, weight, height, calculation of Body Mass Index (BMI), waist circumference, vision, hearing, fall risk, peripheral artery disease, Arterial-Brachial Index (ABI) measurement, Lower Extremity Amputation Prevention examination, school sports physical, head start physical, developmental screening, memory changes, cholesterol, blood glucose (sugar), anemia, and/or skin cancer screening. Every effort has been made to minimize the risks involved for each of the screenings mentioned above. I understand these tests and exams are potentially hazardous and include risks such as, but not limited to, bruising and/or soreness, potential for falls, or incorrect/erroneous results.

**2. Probable diagnosis/No treatments offered**

I understand that the results of this risk assessment are for my information only. Although you will be given health education regarding your findings, the health education does not constitute an actual diagnosis or any other medical condition. Screening does not imply that the participant is a patient of Pacific Lutheran University. Pacific Lutheran University will provide screening, probable diagnosis, health education and referrals to your primary care provider, other medical provider, or to a community provider which may be accepting patients. Pacific Lutheran University does not imply or constitute treatment of any disease, illness or health condition. As a willing participant, I should not use the results of this assessment as a substitute for seeking further information, diagnosis or treatment from your primary care provider or other qualified healthcare provider. A low risk assessment is not a guarantee of good health, and participation in this assessment does not replace consultation with a medical care provider. I also understand that it is my responsibility and not that of Pacific Lutheran University to initiate a visit with a medical professional in order to confirm the results of the assessment, obtain advice, and/or treatment.

**3. Personal Information**

I understand the risk assessment may involve completion of a personal health questionnaire in addition to clinical test(s). I understand that Pacific Lutheran University does not retain the personal health information provided by the participants in this assessment. You will be given copies of our findings and recommendations. I understand and give my consent for Pacific Lutheran University to use my de-identified data regarding the findings from this screening for the purposes of grant writing, developing future programs, events and/or campaigns.

**4. Release and Indemnity**

*I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, Pacific Lutheran University, its affiliates, officers, directors, volunteers and employees and all participating and sponsoring businesses and organizations and their agents and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of my participation in this event and related activities -- whether it results from the negligence of any of the above or from any other cause.*

The foregoing release and indemnification agreement shall be as broad and inclusive as is permitted by the State of Washington. If any portion of it is held invalid, the remainder shall continue in full force and effect. I have read, understand and agree to the terms of this Agreement.

Participant's Signature:

Printed Name:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***If Participant is a minor, parent or guardian must sign below:***

I am the legal guardian of Participant, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Parent/Guardian's Signature:

Printed Name:

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_