

UNC MHC Health Screening Consent and Voluntary Release Form

I _____ voluntarily agree to take part in health screenings offered by the UNC School of Nursing Mobile Health Clinic. I acknowledge that certain Screenings may require obtaining a blood specimen for the purpose of conducting a laboratory tests on the specimen. I understand that if blood is obtained from a finger stick, I may experience slight pain or a bruise at the puncture site. I hereby authorize the Mobile Health Clinic, its employees, nurses, student nurses, technicians, and any other practitioner performing services to obtain a blood specimen and conduct any necessary tests.

I, the undersigned, hereby consent to the collection of the assessments that I have chosen below:

- Blood pressure
- Blood sample for the purpose of measuring my cholesterol levels.
- Blood sample for the purpose of measuring my glucose levels.
- Blood sample for the purpose of measuring my A1c.

I hereby release the UNC School of Nursing Mobile Health Clinic and any other organization (s) associated with this screening and/or health fair, their affiliates, directors, officers, employees, successors and assigns, from any liability arising from or in any way connected with my participation in any of these tests.

I understand that:

- _____ The data derived from the test(s) are considered to be preliminary; they are screening assessments only. They do not constitute a diagnosis of hypertension, pre-hypertension, obesity, hypercholesterolemia, pre-diabetes or diabetes.
- _____ The responsibility for initiating a follow-up examination to confirm the results of this screening and obtain professional medical assistance is mine alone, and not that of any organization(s) associated with this screening or health fair. 3. The chemical analyzer used to determine plasma glucose and serum lipid levels may yield results that are at variance from those produced by standard reference laboratory analyzers.

DATE: _____ TIME: _____
PATIENT SIGNATURE (or Authorized Representative)

PRINTED NAME

RELATIONSHIP, if not patient: _____