

**DRAFT: THIS IS AN EXAMPLE CONSENT/RELEASE  
FORM. IT IS IMPERATIVE THAT YOU OBTAIN  
PERMISSION FROM YOUR SCHOOL BEFORE USING  
THIS!!**

Health Screening Consent Form

Name \_\_\_\_\_  
Last First

Address Street City Zip

Phone (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_  
Month Day Year

**Consent and Release Agreement**

I understand that:

1. My blood will be drawn by XXXX and screened for Hepatitis B virus.
2. The blood draw may cause bleeding, bruising, or pain. Some people become dizzy, feel faint, or faint. There is a rare risk of infection because of blood drawing.
3. These screenings are not diagnostic and may miss abnormalities, which further testing would detect. Also, on occasion, these screenings may show abnormalities that further testing will prove to be normal.
4. It is my sole responsibility to follow up on any potential abnormalities detected by these screenings by obtaining appropriate medical attention.
5. I will be contacted by XXX medical team regarding my testing results and recommendations.

I, the undersigned, release \_\_\_\_\_, its licensees, funders, employees, agents, representatives, Board of Directors, and any individual or entity associated with this screening from any and all paid liability which may arise from these screenings and/or data derived from it and/or from any information distributed.

I have read and understand the above Consent and Release Agreement and desire to have such screenings pursuant to the terms contained herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date