SP ID

NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY

CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

	First	Middle	Last	
PARENT OR GUARDIA PARTICIPANT WHO IS OLD: For the Parent or Guardian Participant who is a minor is an emancipated minor)	Of the Survey			
I have read the Examination Brochure and the Health Measurements List, which explain the nature and purpose of the survey. I freely choose		SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:		
to let my child take part in Signature of parent/guardia	the survey.	I have read the Examin Health Measurements I nature and purpose of to to take part in the surve	List, which explain the he survey. I freely choose	
FOR PARENT OR GUA SURVEY PARTICIPAN			•	
I agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.		Signature of participant	t Date	
☐ I do not agree to have my child's interview about his/her current health status, diet, and health behaviors recorded for quality control.			If you are 18 and older and do not want a written report of your exam results, check here \Box	
I observed the interview participate by signing or		person named above and h	e/she agreed to	
Witness (if required)			Date	
Name of staff member p	resent when this form	was signed:		
establishment will be held cor NCHS to perform statistical a released to other persons with the Public Health Service Act	affidential, will be used only ctivities, only when require out the consent of the indiv (42 USC 242m) and the Co	yould permit identification of an in by NCHS staff, contractors, and of d and with necessary controls, and idual or establishment in accorda onfidential Information Protection ery agent has taken an oath and is	other agents authorized by I will not be disclosed or nce with section 308(d) of and Statistical Efficiency	