NATIONAL HEALTH AND NUTRITION EXAMINATION SURVEY
CONSENT/ASSENT AND PARENTAL PERMISSION FOR EXAMINATION AT THE MOBILE EXAMINATION CENTER

Print name of participant ____________________ ____________________ ____________________
First               Middle               Last

PARENT OR GUARDIAN OF SURVEY PARTICIPANT WHO IS UNDER 18 YEARS OLD:
For the Parent or Guardian of the Survey Participant who is a minor (unless the participant is an emancipated minor ☐):

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to let my child take part in the survey.

Signature of parent/guardian               Date

If you do not want a written report of your child’s exam results, check here ☐

SURVEY PARTICIPANT WHO IS 12 YEARS OLD OR OLDER:

I have read the Examination Brochure and the Health Measurements List which explain the nature and purpose of the survey. I freely choose to take part in the survey.

Signature of participant               Date

If you do not want a written report of your exam results, check here ☐

I observed the interviewer read this form to the person named above and he/she agreed to participate by signing or marking this form.

Witness (if required)               Date

Name of staff member present when this form was signed:

______________________________

_______  SP ID __________