Your parents say that you can take part in this special survey. You have just read about the survey in this book. The survey tells us about the health of people. We will ask you to have an exam at our vans that are here in your town. This exam is a little like going to the doctor. Other kids and their families will be at the center. You do not have to do this if you do not want to. You can also stop at any time and you do not have to do any tests that you do not want to. If you take part, you will learn some things about yourself. You will help us learn a lot about other kids in the United States.

If you want to take part in the survey, write your name below.

______________________________________________________
Signature of participant 7-11 years old

______________________________________________________
Print name of participant

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 _______