

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