SCREENING CONSENT AND RELEASE STATEMENT



Healthy South Texas Biometrics Screening

I, the undersigned, hereby authorize and consent to the performance of health screening examinations/tests upon me by the Texas A&M Health or companies, successors, and all assigned officers, employees, representatives or designees. I certify that I have been advised of and understand the nature and purpose of the examinations/tests to be performed and do voluntarily consent to the same.

I do hereby release and forever discharge Texas A&M Health and any participating program of Texas A&M Health together with such agents, employees, associates, volunteers, successors, assigns, and affiliates from and for any and all liability, claims or causes of action of any nature whatsoever arising out of, or resulting from, any injury, illness, loss or damage, including death, which I may incur as a result of, or in connection with, the performance of said examinations/screening tests, or from the data derived there from.

It is further understood that:

- 1. The data derived and/or provided to me from such examinations/screenings tests is to be considered as preliminary only and in no way is to be considered conclusive.
- 2. I am solely responsible for initiating any follow-up examinations for treatment for any abnormalities identified by such examinations/screening tests.
- 3. Texas A&M Health and any participating program together with their agents, associates, employees, and volunteers, shall have access to my test results for purposes of evaluation, as well as for future research, and for aiding me in initiating follow-up.

name			
Do you have Diabetes? ☐ Yes ☐ No	Emergency contact	Doctor	
Health History: ☐ Pre-diabetes ☐ Diabete	es □ Gestational diabetes □ High b	plood pressure	
Family History: ☐ Diabetes ☐ High blood	pressure		
I certify that I have read and fully understa		e statement. Date:	
EDUCATION GIVEN: ☐ Recommended va			
A&M Health Staff Signature, Date	A&M Health Staff Sig	gnature, Date	