SCREENING CONSENT AND RELEASE STATEMENT DIABETES EDUCATION



Event name, date:	
I, the undersigned, hereby authorize and consent to the performance of health screening examinations/tests upon me be the Texas A&M Coastal Bend Health Education Center 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 the Coastal Bend Health Education Center and any participating program of Coastal Bend Health Education Center 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 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:	
 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. 	
 I am solely responsible for initiating any follow-up examinations for treatment for any abnormalities identified by such examinations/screening tests. 	/
 Coastal Bend Health Education Center and any participating program together with their agents, associates, employees, and volunteers, shall have access to my test results for purposes of evaluation and for aiding me in initiating follow-up. 	1
NameDOBPhone	
NameDOBPhone AddressCity/StateEmail	
AddressCity/StateEmail	
AddressCity/StateEmail Do you have Diabetes? ☐ Yes ☐ No Emergency contactDoctor	
Address City/State Email Do you have Diabetes? ☐ Yes ☐ No	
Address	
Address	
City/StateEmail	
City/StateEmail	ee
City/State Email	ee
City/State Email	ee

Health Educator signature, date

CHW signature, date