

## APPENDIX B

### MGH INSTITUTE OF HEALTH PROFESSIONS School of Nursing

#### CONSENT FORM FOR PHYSICAL EXAMINATION

I volunteer to have a \_\_\_\_\_ examination performed on me by a graduate \_\_\_\_\_ student of the MGH Institute of Health Professions for the purpose of STUDENT LEARNING ONLY, as more fully described in Attachment A.

I understand that the MGH Institute of Health Professions is a post-baccalaureate school dedicated to preparing skilled health care professionals, and that the student performing the examination on me is a student and not a fully trained specialist. In agreeing to volunteer, I have been informed on the following:

1. The tests that will be performed during the examination will not be for diagnostic purposes.
2. I may experience some minor discomfort during the examination.
3. I may ask the student to stop the examination at any time.
4. Any side effects either during or after the examination are described in Attachment A.

I agree that I will not hold the MGH Institute of Health Professions, faculty or student responsible for any problems I may encounter after this examination.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**MGH INSTITUTE OF HEALTH PROFESSIONS  
School of Nursing**

**CONSENT FORM FOR PHYSICAL EXAMINATION**

**ATTACHMENT A**

Description of Examination:

Description of Possible Side Effects:

Additional Comments:

This form was prepared by: \_\_\_\_\_ , \_\_\_\_\_  
Name of Faculty of Record Date