

Examination Consent

SURNAME: _____ NHI: _____

FIRST NAMES: _____

DATE OF BIRTH: ____/____/____ SEX: _____

Please attach patient label here

TE PUARURUHAU

INTERPRETER

YES ☐ NO ☐

LANGUAGE _____

I _____ (name)

of _____ (address)

agree to a general physical examination and genital examination on myself / this child

(delete what does not apply)

_____ (child's name)

I also agree to genital photographs being taken. It has been explained to me that the photographs may be used for peer review by medical staff and for teaching purposes. I understand that any photographs taken will always remain confidential and any identifying information would be removed before being used in any teaching situation.

I also consent to:

- Screening for sexually transmitted infections ☐
- Blood Testing/Urine Testing for forensic purposes ☐
- Hair sampling for forensic purposes ☐

It has been explained to me that the collection of forensic samples is solely for police purposes to assist them in conducting their investigations and results will not be available from Te Puaruru Hau

These procedures have been fully explained to me by _____

whose signature appears below, and I understand that I have the right to withdraw my consent at any stage.

Signed: _____ Name: _____ Date: _____

Relationship to child (guardian / person acting in place of parent where guardian is unavailable, lacking capacity or overseas / CYF social worker acting under authority of CYPF Act, e.g. S53)

Signed: _____ Name: _____ Date: _____

Doctor / Nurse / Other)

Signed: _____ Name: _____ Date: _____

(Doctor / Nurse / Other)

Signed: _____ Name: _____ Date: _____

(Interpreter)