



**UAB HealthSmart
Consent for Services and Waiver of Liability**

Name: _____

Date: _____

Purpose of this form. UAB HealthSmart offers certain health-screening services and health education and fitness classes free of charge as part of UAB's mission to promote wellness and prevent chronic disease. The purpose of this form is to document your consent to receive these services, your consent to be photographed, and your agreement to hold UAB HealthSmart harmless in the unlikely event you are injured while participating in UAB HealthSmart activities.

Consent for Services

By signing below, I authorize UAB HealthSmart to furnish the following services to me:

- A. Health Profile/Screenings. UAB HealthSmart offers health screenings that may involve any of the following:
1. *Blood Pressure* screening for high blood pressure. The pressure cuff will be used to read the diastolic and systolic reading.
 2. *Cholesterol and Blood Sugar* levels will be checked through the simple blood test on the fingertip. A prick to the fingertip will be done to get a small blood sample for the sugar level reading. You will have little discomfort or danger upon the skin prick.
 3. If your blood sugar levels are high, a blood hemoglobin A1c level will be checked through simple blood test on the fingertip. This test can tell us more about your blood sugar. It tells us what your average blood sugar has been for the past 2 months.

4. *Lung Function* will be checked with a pulmonary function machine that you will blow into on a disposable mouthpiece. This test will tell you how much air you breathe out.
5. The *Dental* check will involve a series of questions and a brief physical exam of the inside of your mouth with a tongue depressor and mirror. The individuals performing the dental check will wear gloves and use their fingers to feel your cheeks, tongue, lips and chin in checking for lumps.
6. HT/WT/BMI screening to calculate body fat based on height and weight.
7. The *Vision* screening will involve:
 - a. *Visual Acuity* - We will check your visual acuity. This is to find out how well you are seeing things close up and far away. This way we can tell if you need glasses. We can also check if your glasses are working well enough for you. You will be asked to look inside a machine or at a card and read the letters and tell us about what you see. We may also check your color vision.

These Health Screenings will be conducted by staff and students trained in these procedures and they will be supervised by nurses or other health-related professionals.

The results from these screenings are preliminary and are not a medical diagnosis. We will refer you to a physician if we believe the screening results indicate that you should see a physician. It will be your responsibility to go to the doctor or clinic as recommended. UAB HealthSmart does not offer physician medical services.

If we refer you to a physician, we will follow up with you to find out if you received any diagnosis from the physician.

- B. Health Risk Assessment. You may choose to complete an electronic health risk assessment. This shows you personal health risks based on the results of your health screenings and includes information on ways to lower your risks.
- C. Counseling Session to Set Health Goals. You may choose to talk with a UAB HealthSmart nurse, nutritionist, or exercise physiologist to set health goals.
- D. Physical Activity Programs. You may be offered the opportunity to participate in various physical activities, such as ZUMBA Fitness Classes, Xbox Fitness, WALK Feel Alive, and UAB HealthSmart's Running Club, designed to help you make exercise a permanent part of your daily routine.
- E. Nutrition Demonstration. You may choose to attend a UAB HealthSmart nutrition demonstration highlighting the importance of good eating habits and smart food choices to your health.
- F. Lunch & Learns. You may be offered the opportunity to attend UAB HealthSmart Lunch & Learns, informal small-group talks led by health experts on topics from diabetes to heart disease to types of cancer, and more.
- G. Other Services. UAB HealthSmart may offer additional screening/education-related services from time to time.

Consent to Photograph, Video, or Audio Record

Yes

No

By signing below, I authorize UAB HealthSmart to photograph, video record, or audio record me while participating in the UAB HealthSmart activities for the purposes of publication or marketing by UAB HealthSmart. Uses for recordings may include but are not limited to news releases, website content, printed marketing brochures, training/educational videos, or other authorized forms of organizational communication without compensation of any kind. Each communication may also reveal my name and identity in a descriptive text or commentary associated with any recordings. I relinquish all rights and privileges to any negatives, prints, audio recordings and/or video recordings created by UAB HealthSmart.

Release of Liability

I will be participating in UAB HealthSmart activities as described above for the purpose of improving my knowledge and understanding of certain wellness and chronic disease prevention activities. I hereby release UAB MHRC, UAB HealthSmart, The Board of Trustees of the University of Alabama, a body corporate which operates the University of Alabama at Birmingham, the University of Alabama School of Medicine and the University Hospital and Clinics, UAB Health System, the University of Alabama Health Services Foundation, P.C., and each of its and their divisions, departments, affiliates, related entities, and all present and former trustees, directors, officers, volunteers, employees and personnel (including all physicians and their employers, residents, fellows, interns, medical or dental students, dentists, nurses, laboratory and diagnostic personnel and other health or dental care personnel), agents, and representatives and hold them harmless for any and all liability, claims, damages, actions, and causes of action arising, directly or indirectly, from my participation in UAB HealthSmart activities, the use of any of their services, facilities, or equipment.

Signatures

By signing below, I agree to participate in the UAB HealthSmart activities described above and I release liability associated with my participation in the UAB HealthSmart activities. Unless I checked the "No" box above, I also authorize UAB HealthSmart to photograph me participating in activities.

Signature of Client

Date

Signature of UAB HealthSmart Representative

Date