

# **Central Arizona Valley Institute of Technology**

## Healthcare Screening Informed Consent

I, \_\_\_\_\_, (client) understand that the healthcare screenings will be provided by a student in the CAVIT Medical Assistant Program. The student has received instruction on performing height/weight, glucose, cholesterol and vital sign checks and has performed screenings on a limited number of other persons. The CAVIT Medical Assistant Teacher is present, and will directly supervise, but not provide, the screenings. The healthcare screening information provided is intended to educate the client about their current health status.

I understand that the screening information obtained is not a substitute for medical treatment or medications, and that it is recommended that I concurrently work with my Primary Caregiver for any condition I may have. I am aware that the student does not diagnose illness or disease, and does not prescribe medications.

I have informed the student of all my known physical conditions and medical conditions.

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Client Signature

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Date