

SKIN CANCER SCREENING CONSENT FORM

Welcome to the Skin Cancer Education and Screening at Creighton University. Today, you will be screened for the identification of suspicious skin growths/lesions. If any suspicious growths/lesions are found, you will be referred to obtain a complete evaluation in a dermatology clinic. This is a preliminary screening only, not a firm diagnosis. Although some growths may be detected by this screening exam, no screening exam is completely accurate in the detection of skin cancer. Furthermore, the discovery of a suspicious growth does not necessarily imply the presence of cancer.

The American Academy of Dermatology, the Dermatology Nurses Association and the American Cancer Society recommend routine skin screenings for all persons. While we know the only way to effectively deal with skin cancer is to detect it early, there is absolutely no proof that screening will prolong the lives of those who are diagnosed with skin cancer.

In order to be screened, all participants must read and sign this consent form. This screening is provided free of charge.

We will notify you of the results of this screening. Even if no suspicious growths are found, we encourage you to have routine skin examinations. If a suspicious growth is found, we recommend that you contact your personal physician or a dermatologist for further evaluation.

By voluntarily participating in this screening, I recognize and accept all risks associated with it. I understand that the program will only screen for abnormalities and does not constitute a complete medical exam or diagnosis. For a diagnosis of a medical problem, I must see a physician for a complete medical exam.

I hereby release Melissa O'Neill, APRN and Creighton University Medical Center from all liabilities, medical claims or expenses which may arise from my participation or any injury sustained during this event.

I, _____, have read this form and understand its contents. I understand that the results will be released to me and the confidentiality of the data will be maintained within legal limits. I also allow Creighton University Medical Center Department of Dermatology to contact me at a later date regarding this examination.

Participant's Signature

Date

Witness Signature

Date