

Annex B
Consent Form



Ministry of Health

**NATIONAL HEALTH SURVEY 2004
CONSENT FORM**

I, *(name)* _____ *(NRIC no.)* _____ consent to participate in the National Health Survey 2004 conducted by the Ministry of Health. I have received a letter explaining the purpose of the survey and the procedures to be carried out during the survey.

I understand that

- a) My participation in this survey is voluntary and I can withdraw from the survey at any time.
- b) The examination that I will receive involves tests for diabetes, blood lipids (fat) and urinary protein; measurement of blood pressure, height and weight, abdomen, waist and hip circumference; and answering questionnaires on my lifestyle practices. To perform the various blood tests, about 15 cc (approx. 3 teaspoons) of blood will be withdrawn.
- c) A copy of the results of all tests done on me will be sent to me for my information and retention.
- d) Any information that is gathered from survey will be used to assess the health status of Singapore's population and help the Ministry of Health to draw up appropriate health programmes for the future.
- e) All information provided by me and all my test results will be kept strictly confidential and any analysis or reporting would be done on collective data from all the participants in the study except as provided by law.
- f) Any remaining blood sample taken during the National Health Survey 2004 may be stored for future analysis, if necessary, for the planning and evaluation of national health programmes.
- g) All results of the future analysis will be kept strictly confidential and any reporting would be done on anonymised (unidentifiable) data except as provided by law.
- h) I may be recontacted in the future for any follow-up evaluation of national health programmes. I may however, choose not to participate in the follow-up, when re-contacted.

(Your signature on this form indicates that you have understood to your satisfaction the information regarding your participation in the National Health Survey 2004 and agree to participate in it)

Participant's Signature _____ Date _____

Witness:

Name _____

NRIC No _____

Signature _____ Date _____