



CITIZENS HEALTH COMMUNITY LAB DRAW Registration Form

Please print

Last Name, First Name, Middle Initial

Date of Birth

Address

Home Phone

PARTICIPANT INFORMED CONSENT

I understand that Citizens Health disclaims any liability for any costs, claims, injuries, actions or damage suffered by an individual, no matter what their relationship, as a result of participation in this health event activity. Participation in this health event is strictly voluntary, and any injuries suffered in conjunction with such participation shall not be subject to reimbursement under any applicable law.

I agree to release the Citizens Health, its members, and any other organization or person associated with these tests from any liability whatsoever in connection with testing procedures, or any other aspect of this screening.

I understand that the results of these tests will be furnished to me through my patient portal account and that no other personal record of my results will be kept by Citizens Health, except that the general results from all the screening tests conducted at this health event may be compiled for overall population assessments.

I understand that these tests are for screening purposes only, and the results are preliminary and should in no way be considered conclusive. Moreover, by providing these results, Citizens Health and its related parties are not giving medical advice. For a better understanding of the results of these tests, for more conclusive measurements, and for any additional medical advice and treatment, I understand that it is my responsibility to contact my own personal physician.

Signature

Date

Email Address: _____

Results are available on your Patient Portal

Directions: Circle the lab draws you would like to receive on the right side and enter in the grand total. Bring this completed form along with payment to the Expo and present it during registration.
For questions call 785-462-7511.

Comp/Lipid/CBC (requires 10-12 hour fasting)	\$30
TSH (Thyroid)	\$20
Hgb A1C (3-month glucose)	\$20
PSA (Prostate)	\$25
Grand Total	