

Health Management USA Inc.
Health Screening/Services Release Form

For: **ALL** bloodwork, Lung Function Testing, Carotid Artery Screening, Bone Density Scan, Blood Pressure Check, Hearing Screening, Vision Screening, Spinal Scan, Body Fat/Body Mass Screening, Chi Session, Infrared Session, Foot- Detox Session, pH Screening, Avazzia Pain Relief Session, Weight Measurement, Height Measurement, Compass Bio Scan, EIS Scan, Ear Candling Session, Wrinkle Removing Session, Strength Testing, Bio Feedback Session, Energy Work Session, Stress Relief Session, Foot Scans and Analysis, ERE Sessions, Microcurrent Sessions, EFT Sessions and all additional screenings/sessions/scans performed.

Persons who are pregnant; had a baby in the last four months; or had a heart attack, stroke or surgery in the last two months should not be screened for total blood cholesterol at this time because the results under these conditions may not be indicative of their usual levels. Microcurrent sessions are NOT for use by persons with pacemakers or other implanted electronic devices, or if pregnant.

I understand that my participation in one or more health-screening test(s) is voluntary.
I understand that my participation in one or more services listed above is voluntary.

I understand that any injury or damages that occur to me as a result of my participation shall not be subject to reimbursement under any workers' compensation or other law.

I understand that the test(s)/scans/sessions are for screening purposes only, that the results are preliminary and that they should not be considered conclusive.

I understand that it is my responsibility to contact a qualified medical provider if I want a better understanding of the results or if I want medical advice or treatment.

I understand that results collected by gender and not by name, from all screening tests performed on the health fair participants may be compiled for overall population assessments. I authorize my test results to be included for overall population assessments.

I understand that my **personal** results of these tests will be furnished directly to me and that no other record of my results will be shared or kept by Health Management USA Inc. or any other party. Exception One: Some state laws require certain blood work results to be sent to the officiating reporting agency. Example; West Nile Virus. Exception Two: If screening participant is part of "Ask A Nurse" Program, copy of lab results will be on file with HMUSA Inc to be used only for the purpose of advising patient on results. HMUSA Inc will not share these results with any other party without the written consent of the participant, with the exception of local laws requiring reporting to local health agency.

I hereby release Health Management USA Inc. and their respective employees, agents, contractors, volunteers, officers and directors from any and all claims, liabilities, damages, costs and expenses incurred by me as a direct or indirect results of my participation in a health screening test.

Signature _____ Date _____

Print Name _____