

**OHIO UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING
NRSE 310**

CLIENT CONSENT FORM

(Student)

(Mr. / Mrs. / Miss) _____

has requested permission to perform a physical assessment (as a part of his/her clinical learning experience) for Ohio University School of Nursing. I, undersigned, understand that this experience is to facilitate the student's learning process. I further understand that the results of this experience will be confidential.

Client Name _____

Client Address _____

Client Phone (____) ____ - ____ (Home)

(____) ____ - ____ (Work)

Client's Signature

(Guardian/Parent if Applicable) _____

Date _____

Faculty Signature _____

Title _____

Date _____

**** Physical Assessment (Specific System)** _____