

Study No

cluster		household		family		child	

GENERAL CONSENT FORM

NATIONAL VITAMIN A AND IMMUNIZATION SURVEY

Vitamin A is a substance found in some foods such as dark green leafy vegetables, yellow fruits and liver. If a child does not have enough of this vitamin he may get more severe diarrhoea and respiratory infections than he should, and in very severe cases he may even go blind. We will be checking to see if your child has enough of this vitamin. The way we check, is by examining the eyes and then taking a blood sample. Taking the blood sample may be uncomfortable for your child, but it is harmless. This study is done by the Ministry of Health to improve the health of children in the country.

If we find that your child does not have enough vitamin A, he/she will be referred to the nearest clinic.

With the above information, as given by Dr/Mrs _____

I _____

mother/father/guardian of _____

residing at address _____

give consent that a blood sample may be taken from my child.

SIGNATURE :

DATE :

WITNESSED BY :

1. _____

2. _____

Study No

cluster		household		family		child	

VITAMIN A2 ANALOGUE CONSENT FORM

NATIONAL VITAMIN A AND IMMUNIZATION SURVEY

Vitamin A is a substance found in some foods such as dark green leafy vegetables, yellow fruits and liver. If a child does not have enough of this vitamin he may get more severe diarrhoea and respiratory infections than he should, and in very severe cases he may even go blind. We will be checking to see if your child has enough of this vitamin. The way we check, is by examining the eyes and then we will give your child some vitamin A to take by mouth. This vitamin A is a small dose and is completely safe. Following this, we will give your child a peanut butter sandwich to eat. Five hours later we will come back to take a blood sample from your child. Taking this blood sample may be uncomfortable for your child, but it is harmless. It is important that your child does not eat food containing Vitamin A for 5 hours after the vitamin A2 is ingested. This study is done by the Ministry of Health to improve the health of children in the country.

If we find that your child does not have enough vitamin A, he/she will be referred to the nearest clinic.

With the above information, as given by Dr/Mrs _____

I _____

mother/father/guardian of _____

residing at address _____

give consent that a blood sample may be taken from my child.

SIGNATURE :

DATE :

WITNESSED BY :

1. _____

2. _____

TIME OF VITAMIN A2 ADMINISTRATION :

TIME OF FOLLOW-UP VISIT FOR BLOOD SAMPLE :
