

## Consent to Medical Recording

Patient name (block capitals) .....

Details of the material .....

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.....  
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I hereby confirm that I give consent for photographs and/or videotape and/or sound recordings (known as 'the material') to be made of me.

I understand that the material has educational value. I consent to the material being used by The Journal of Clinical Examination (The JCE) in their publications and presentations. This includes all forms of media including electronic publication or distribution anywhere in the world. As a result, I understand that the material may be seen by the general public. All or part of the material may be used in conjunction with other photographs, drawings, videotape images, sound recordings or other forms of illustration.

I may ask to view the material by contacting The JCE however I realise that this may not be possible. I understand that no fee is payable to me by The JCE or any other person in respect of the material now or at any time in the future.

I confirm that the purpose of the material is clear to me and it has been explained in terms which I have understood. If I am a patient I understand that refusal to grant consent will in no way affect my medical care.

**Please tick one box only ( to be completed by the patient - or the parent / guardian if the patient is under 16).**

- I agree to all the above without any conditions.
- I have specifically requested that attempts be made to conceal my identity. I have reviewed the final material and I am happy with the concealment and I agree to all the above terms and conditions
- I do not agree to any material on which I appear being used.

Signature ..... Date .....