



01-30-92  
 Follow up  
 1992/93

CONSENT AND AUTHORIZATION FOR  
 PHYSICAL EXAMINATION AND PSYCHOLOGICAL EVALUATION

The physical examination and psychological evaluation portion of the Air Force Health Study consists of a series of clinical laboratory studies, physical examination procedures, and psychological tests which are routinely used throughout the world. Physical examinations by an internal medicine specialist, a neurologist, and a dermatologist will be done. These examinations pose minimal or no risk to your health. Pulmonary function testing, vision screening, audiogram, glaucoma screening, x-ray of chest and abdomen and electrocardiogram (EKG) will also be performed. In addition, a measurement of your pulses, using sound waves (Doppler), an ultrasound test to measure the size of your testicles and measurement of your ability to feel vibration (vibrotactile threshold) will be performed. These also pose no risk to you.

Blood will be drawn from the veins in your arm through a needle. This blood drawing is necessary to obtain specimens for the laboratory tests. Generally, blood will be drawn twice on the first day of your examination, and twice on the second day. Usually, a single needle stick should be all that is needed each time. After the needle stick, some blood may leak from the vein and bleed onto the skin, or form a blood clot under the skin. Any bleeding will be stopped by applying pressure. If a blood clot forms under the skin, discoloration (bruising) may be seen for 2 - 3 weeks. Generally, no treatment is required, but the application of a wet, warm towel over the area of the blood clot may speed its disappearance. The blood will be tested in the clinical lab and some will be stored for testing at a later date.

The psychological tests are standardized, self-administered tests and pose no risk to your health. They are used to measure your feelings about a wide range of questions.

The results of all of these tests will be explained to you by a physician and a psychologist prior to your departure.

Your signature below constitutes your acknowledgement that you have read and agreed to the procedures listed below, that any questions you may have have been explained by your physician, that you have all the information that you desire, and that you authorize and consent to the performance of these procedures.

Procedures:

General physical exam	Chest x-ray
Neurological exam	Abdomen x-ray
Dermatologic exam	Audiogram
Electrocardiogram (EKG)	Blood collection
Psychological testing	Vision screening
Pulmonary function testing	Glaucoma screening
Vibrotactile threshold testing	Sound wave testing of pulses and testicles

Signed [Redacted Signature]

Witness Ray M. [Redacted]

Date 8-30-92

Time 7:00



AUTHORIZATION FOR AND CONSENT TO  
DIAGNOSTIC PROCEDURES

The Anergy Panel consists of four skin tests based on the same principle as the well known tuberculin test for tuberculosis. These measure the ability of your immune system to make a protective response. Injections are made into the skin of your arms with four killed micro-organisms including Candida albicans (the yeast that can cause thrush and vaginitis), Trichophyton (athlete's foot fungus), Mumps and Staphage Lysate (from the bacteria which causes staph infections). Slight redness, swelling and tenderness are the expected protective responses and these will be measured at 48 hours after the skin tests are placed. Occasionally an individual will have a very strong reaction at the skin site with blister and even ulcer formation and/or swelling of the lymph nodes in the axilla of the arm displaying this reaction; if there is an intense response, a cortisone cream will be provided to reduce the inflammation and, should there be secondary infection, antibiotic treatment may be required. Reactions at the skin test sites gradually subside and ordinarily leave no scar. Individuals with "possibly abnormal" results of the Anergy Panel will be notified following physician confirmation of skin tests and when interpretation of results are finalized.

Your signature below the procedure listed below constitutes your acknowledgement that you have read and agreed to the foregoing, that the procedure has been adequately explained to you, that you have all the information that you desire, and that you authorize and consent to the performance of this procedure.

Procedure: Skin Testing

Signed

[Redacted Signature]  
*Ray M. Penrod*

Date

8-30-92

Witness

Time

7:00