PARTICIPANT EXCLUSION FORM

You may add additional Participants to exclude on the form below.

Participant's Name	**Participant's address or phone number**

Participant's Name	**Participant's address or phone number**

Participant's Name	**Participant's address or phone number**

Participant's Name	**Participant's address or phone number**

Participant's Name	**Participant's address or phone number**

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Entity Consent Received By

PATIENT/LEGAL REPRESENTATIVE	**WITNESS ***
____ **Print Patient Name:** ______________________________ ☐ **Male** ☐ **Female** **Patient Date of Birth:** ____ **Signature of Patient** **Date of signature** **or Patient's Legal Representative** ____ **Patient Address** _________________________________ **Print Name of Patient's Legal Representative (if applicable)** **Relationship of Legal Representative to Patient (if applicable)** ☐parent ☐healthcare agent/proxy ☐guardian ☐other___________	* If you are **NOT** completing this form in a Participant's office, you must have a witness complete the information below. ____ **Print Name of Witness** ____ **Signature of Witness** ____ **Relationship of Witness to Patient (ex., spouse, son, neighbor, etc.)**