Shirdi Sai Mandir

Free Medical Camp – Essential Forms Packet

9110 Red Branch Rd Unit P, Maryland-21045

1 PATIENT REGISTRATION

Full Name: _____

Date of Birth: _____ Age: _____

Gender: ☐ Male ☐ Female ☐ Other

Address: _____

_____

Phone: _____

Emergency Contact Name: _____

Emergency Phone: _____

Primary Care Physician (optional): _____

Medical Conditions: _____

_____

Current Medications: _____

_____

Allergies: _____

Reason for Visit: _____

2 CONSENT & LIABILITY WAIVER

I voluntarily request free health screening services. I understand these screenings are for informational purposes only and are not a complete medical examination, diagnosis, or treatment. I understand I should follow up with my personal healthcare provider for any abnormal findings. I authorize event staff to call 911 in the event of a medical emergency. To the fullest extent permitted by applicable law, I acknowledge the ordinary risks of participation and release Shirdi Sai Mandir, its volunteers, and event organizers from claims arising from ordinary negligence related to my voluntary participation.

☐ I have read and understand this consent.

Participant Signature: _____ Printed Name: _____ Date: _____

3 MEDICAL SCREENING RECORD

Patient Name: _____	Weight: _____
Blood Pressure: _____	BMI: _____
Pulse: _____	Vision: _____
Blood Sugar: _____	Doctor's Findings: _____
Height: _____	_____

FOR STAFF USE ONLY

Date: _____ Time: _____ Completed By: _____

Thank you for participating. Stay healthy and blessed.

SHIRDI SAI MANDIR

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RELEASE OF LIABILITY, WAIVER & INFORMED CONSENT

Free Community Medical Examination Camp

Please read this document carefully before signing. By signing below, you acknowledge that you have read, understood, and agree to all of the terms stated herein.

I understand that this is a voluntary, free medical examination camp conducted by Sai Mandir solely as a community service. I acknowledge that any examination or recommendations are for informational purposes only and do not create any ongoing duty or obligation for treatment, medications, diagnostic tests, referrals, or follow-up services. I accept full responsibility for seeking any additional medical care from my own provider.

In consideration of the above, I knowingly and voluntarily release, waive, and hold harmless Sai Mandir, its trustees, management, volunteers, staff, participating physicians, including Dr. Usha, and all affiliated healthcare professionals from any claims, demands, liabilities, damages, or causes of action arising out of or related to my participation in this free camp, to the fullest extent permitted by law.

Assumption of Risk. I understand that a free examination camp is not a substitute for comprehensive medical care and may not detect all medical conditions. I voluntarily assume all risks associated with my participation, and I acknowledge that no guarantee or assurance has been made to me regarding the results of any examination or recommendation.

No Physician–Patient Relationship. I understand that participation in this camp does not establish an ongoing physician–patient relationship, and that any information provided is general in nature and not a diagnosis or a course of treatment.

Governing Law & Severability. This release shall be governed by the laws of the State of Maryland. If any provision of this release is held to be invalid or unenforceable, the remaining provisions shall continue in full force and effect. Nothing in this document is intended to waive any liability that cannot be waived by law.

I have read this document in its entirety and sign it freely and voluntarily.

Participant's Printed Name

Participant's Signature

Date

Phone Number

For participants under 18 years of age — Parent / Legal Guardian:

Parent / Guardian Printed Name

Parent / Guardian Signature

Date