School of Medicine

Sonographic Examination for Teaching and Learning Purposes Consent Form: General Examination

During the first two preclinical years of the MD course, there are several opportunities to participate in designated ultrasound workshops as part of the MSCP program. During these sessions, qualified sonographers will guide students to use sonographic examination to explore a system or region of the body. In addition, sonographic examination opportunities are provided during a select number of anatomy & pathology workshops where ultrasound devices may be available for students who wish to use sonographic examination to visualise specified anatomical structures.

In order to participate in these activities, it is important to understand the following:

- Sonographic examinations as part of the MSCP program are strictly for teaching and learning purposes.
- During these examinations a lecturer or tutor, and/or my fellow students, will use an ultrasound device to form images using high frequency sound waves.
- I understand that during sonographic examination, the relevant body areas will be exposed to allow access to that body area with an ultrasound probe.
- As part of the learning activities in these sessions, a number of my fellow students, and teaching staff, will be present in the room. They will be able to observe the scan, and some of those present may request to scan me under the direct supervision of the lecturer or tutor.

I, (insert name) _____

of, (insert address) _____

hereby consent to undergo sonographic examinations as part of my learning in the Doctor of Medicine program. Therefore:

- I commit to providing the teaching staff with information about any relevant health problems prior to undertaking sonographic examinations.
- I acknowledge that these sonographic examinations are only for teaching, and not for diagnostic purposes.
- I acknowledge that results and findings on sonographic examination, known or unknown, will be available to those observing the scan and I agree to be informed of any unexpected sonographic findings.
- I will ensure that all my questions are answered to my satisfaction prior to my participation and understand that I am free to withdraw my consent to participate at any time.

Student ID	
Signature	
Date	
Course	H911 – Doctor of Medicine
Year of Course Commencement	2027

Deakin University manages personal information it holds, including requests by individuals for access to their personal information, in accordance with the *Privacy and Data Protection Act 2014* (Vic).You have a right to gain access to your personal information held by the University. Information about Deakin's privacy practices is available at http://www.deakin.edu.au/footer/privacy. You may obtain further information about privacy at Deakin by contacting the Privacy Officer at (03) 5227 8524 or at privacy@deakin.edu.au