NURS-FPX4015 Assessment 1

Comprehensive Head-to-Toe Assessment Waiver and Consent Form - Completed Study Sample

SAMPLE ONLY - NOT A VALID CONSENT FORM
The names and signatures below are fictional and demonstrate how a completed form may appear. A learner must use the current course-provided waiver and obtain the volunteer's authentic consent.

Institution	Capella University
Course	NURS-FPX4015: Pathophysiology, Pharmacology, and Physical Assessment: A Holistic Approach to Patient-Centered Care
Student	Jordan Lee (fictional sample)
Adult volunteer	Alex Morgan, age 34 (fictional sample)
Selected simulated patient	Ivy Jackson scenario profile
Planned activity	Recorded comprehensive head-to-toe nursing assessment demonstration

1. Voluntary participation

I voluntarily agree to act as a mock patient for the student's educational health-assessment demonstration. I understand that I am not receiving diagnosis, treatment, medical advice, or a clinical service. My participation is optional, and declining will not affect any relationship, benefit, or service.

2. Adult eligibility and role

I confirm that I am at least 18 years old, I am not participating as an actual patient, and I am not being asked to disclose private health information. I will portray only the fictional symptoms and history from the selected learning scenario.

3. Nature of the assessment

The activity may include observation, vital signs, inspection, auscultation, palpation, range-of-motion checks, neurological screening, and other noninvasive techniques appropriate to a student head-to-toe assessment. No invasive procedure, medication administration, or treatment will occur.

4. Recording and educational use

I understand that the student may record audio and video of the demonstration and submit the recording through the approved course system for faculty evaluation. The recording is intended for educational assessment and may be retained or handled according to the institution's current policies and platform settings.

5. Privacy and boundaries

I will avoid sharing real diagnoses, medications, dates of birth, addresses, identification numbers, or other sensitive information. The student will use the minimum information necessary for the educational task and will not post the recording publicly or use it for unrelated purposes.

6. Comfort, dignity, and withdrawal

I may ask questions, refuse any step, request a pause, or end participation at any time before or during the recording. The student will explain each technique, preserve modesty, use respectful communication, and stop immediately if I report pain, discomfort, or concern.

7. No compensation or clinical benefit

I understand that I will not receive payment and that participation offers no guaranteed health or clinical benefit. Any unexpected or concerning finding must be addressed through an appropriate licensed health professional rather than through this student exercise.

8. Acknowledgment

I have had an opportunity to ask questions. I understand the purpose, activities, recording, privacy limits, and voluntary nature of participation, and I agree to participate under these conditions.

Participant printed name Alex Morgan (fictional)	**Participant signature** *Sample signature - not valid*	**Date** August 2, 2026
Student printed name Jordan Lee (fictional)	**Student signature** *Sample signature - not valid*	**Date** August 2, 2026

Completion check: Adult volunteer selected; fictional scenario agreed; official current waiver used; authentic signatures obtained; waiver submitted before Assessment 5; recording privacy reviewed.

Canonical study-guide page: https://flexpathassignmenthelp.com/free-samples/nurs-fpx4015/nurs-fpx4015-assessment-1-waiver-and-consent-form-sample