



Study contact: 0330 808 7703
Chief Investigator: Prof Ann Sarah Walker

ASSENT FORM - COVID-19 infection survey

Unique house- hold code																				Participant suffix	Participant date of birth	D	D	M	M	M	Y	Y	Y	Y
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If you agree, please initial box

1. I have read the information sheet dated..... (version.....) for this study. I have thought about it, and have been able to ask questions and get answers that helped me.	
2. I know that I do not have to be in the study if I don't want to and I can stop at any time without saying why.	
3. I agree to be in this study.	

Name of Participant *Date* *Signature*

Name of Person Assent *Date* *Signature*

Note: 1 copy for participant; 1 copy for site file