

# Informed Consent Form

## Longitudinal Health Study

Introduction

Purpose of the Study

Procedures

Risks and Benefits

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Confidentiality and Data Protection

Voluntary Participation and Withdrawal

Contact Information

Consent

Please read and check the statements below to indicate your agreement:

- ☐ I have read and understood the information provided above.
- ☐ I have had the opportunity to ask questions and received satisfactory answers.
- ☐ I freely agree to participate in this study.

\_\_\_\_\_ Participant Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date

\_\_\_\_\_ Researcher Name

\_\_\_\_\_ Signature \_\_\_\_\_ Date