



Faculty of Tropical Medicine, Mahidol University

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Consent form

(For interview, Image Audio and/or Video recording and Publishing)

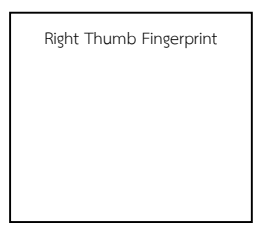
I (Mr./Mrs./Miss)Age..... Years
ID/Passport no.Address no.Moo.....Street.....
Sub-District.....District.....Province.....Telephone no.....
I as a [] Person giving consent [] Authorized Representative Relationshipof
Mr./Mrs./Miss/Master..... Age years ID/Passport no.
Sub-District..... District..... Province..... Telephone no.....

*Please indicate the reason why person giving consent cannot give the consent
[] Age under 18 years old [] Physically and Mentally disorder please specify
..... [] others.....

I hereby [] Consent
[] do not consent (check all items below you do not allow us to do)
[] Taking Photos
[] Video Recording
[] Audio Recording

To proceed with
[] Teaching/ Academic Conference
[] Publishing through the media
[] Newspaper [] Television [] Radio
[] Magazines/Journals [] Brochures/Posters [] others.....
[] Publishing through Social Media

I have read and understood all statements in this form. I do hereby provide signature for evidence. I
as a Person giving consent or an Authorized Representative will make no claim or sue for any reason in all cases.



Signed [] Person giving consent [] Authorized Representative
(.....) Date
**In case of emergency and life-threatening to a person who gives consent, but he/she
cannot make his/her own decision and his/her relatives are not there.

I (by signing my name below as witness) hereby certify that a Person giving consent or an Authorized
Representative has signed and fingerprint in front of me.
Signed..... Witness Date.....
(.....)
Signed..... Witness Date.....
(.....)