



**ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU BHUTAN**



If illiterate

I have witnessed the accurate reading of the consent form to the potential participant, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Name of witness _____

AND

Thumb print of participant

Signature of witness _____

Date _____
Day/month/year

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the participant and to the best of my ability made sure that the participant understands the above information.

I confirm that the participant was given an opportunity to ask questions about the study, and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of Researcher/person taking the consent _____

Signature of Researcher /person taking the consent _____

Date _____
Day/month/year