CONSENT TO PROVIDER EXAMINATION OF PELVIC AREA

A pelvic examination is a series of tasks that include an examination of the vagina, cervix, uterus, fallopian tubes, ovaries, rectum, or external pelvic tissue or organs using any combination of modalities, which may include, but need not be limited to, the health care provider’s gloved hand or instrumentation.

A pelvic exam may include but is not limited to the following health care activities:
- Colonoscopy
- Placement of a urinary catheter
- Rectal examination
- Vaginal ultrasound

The risks and complications associated with a pelvic examination include, but are not limited to:
- discomfort
- bleeding
- infection

The risks associated with failing or refusing to undergo a pelvic examination include:
- The inability to obtain a diagnosis and/or a delay in diagnosis of a medical condition;
- The inability of your health care provider to have the information needed to appropriately treat you.

By signing this consent, I _______________________________ authorize and direct Orlando Health and my treating physician as they deem necessary, together with nursing and medical personnel, and any students or residents of Orlando Health, who may be involved in my care, to perform a pelvic examination as described above. I have read or have had read to me the contents of this form.

☐ I do NOT consent to having a medical student(s) conduct a pelvic exam on me while I am receiving care at Orlando Health.

☐ I do NOT consent to having nursing or advance practice nursing student(s) conduct a pelvic exam on me while I am receiving care at Orlando Health.

____________________________________________________________________________________
Patient/Legal Representative Signature

____________________________________________________________________________________
Printed Name and Date

____________________________________________________________________________________
Provider/ Nurse/ MA/Ultra-Sound Tech Signature

____________________________________________________________________________________
Printed Name, Time and Date

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<tr>
<th>QUALIFIED INTERPRETER</th>
<th>QUALIFIED BILINGUAL TEAM MEMBER</th>
<th>ASSISTING VISUALLY IMPAIRED</th>
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<tr>
<td>Team Member Name &amp; I.D.: ____________________</td>
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<td>Team Member/Reader Name &amp; I.D.:</td>
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