

Medical Waiver Form Sample for Clinical Trials

A **medical waiver form sample** for clinical trials is a crucial document that outlines a participant's consent to waive certain medical requirements. This form ensures clear communication between researchers and participants regarding health-related exceptions. It is essential for maintaining ethical standards and regulatory compliance in medical research.

Medical Waiver Form for Clinical Trials

Participant Information

Full Name:

Date of Birth:

Contact Number:

Address:

Trial Information

Clinical Trial Name/ID:

Principal Investigator/Physician:

Waiver & Consent

I, the undersigned, acknowledge that I have been informed about the medical requirements for participating in the above clinical trial. I understand the risks and benefits, and hereby consent to waive the following specific medical requirements:

List waived requirements

☐ I acknowledge that I have had the opportunity to ask questions, that all my questions have been answered to my satisfaction, and that I voluntarily agree to this waiver.

Signatures

Participant Signature:

Date:

Investigator/Physician Signature:

Date:

Submit

Note: This is a sample form. Always consult your clinical trial protocol and legal/compliance teams before use.