



3a. Other restrictions placed on procedures or use of study data?.....Yes 1  
 .....No 2

Go to Item 4a

3b. Type of restriction on procedures or use of study data:.....CVD research 1  
 .....Jackson Heart Study only 2  
 .....Other 3

3c. Specify details of restrictions on procedures or use of study data: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4a. Permission to access medical records?..... Yes 1  
 ..... No 2  
 ..... Partial 3

Go to Item 5

4b. If partial, specify: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Permission to access birth certificate?.....Yes 1  
 .....No 2

6a. Withdrawal from study? .....Yes 1  
 .....No 2

Go to Item 7

6b. If "Yes", specify details of withdrawal request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6c. Date of withdrawal request: .....  
 mm / dd / yyyy

7. Code number of person completing post-visit consent or withdrawal on this form.....