DXA Informed Consent

Player Name:	
Referring Person:	
Details of the entity providing the DXA Service:	

The welfare of players is important to Cricket Australian and State and Territory Cricket Associations and we only seek to undertake activities that minimises any potential harm to participants and respects their rights and integrity.

Your participation in this activity is voluntary and you may withdraw your consent freely at any time before, or during the assessment. If you become uncomfortable with any aspect of the assessment, please advise our staff who will cease all activities.

Cricket Australia will respect your rights to restrict your information and provide you with the opportunity to ask questions and be fully informed about all aspects of the assessment.

If you are happy to continue, please read and sign the form below.

Statement of Consent

I [print name]_____ acknowledge and agree that:

- I have been provided with information relating to the use of DXA as a tool for assessing bone health and/ or body composition, which clearly described what is involved, the potential benefits but also associated risks associated with a DXA scan.
- An AC Medical Officer or AC Sports Dietitian has explained to me in detail the nature, safety procedures, risks and discomforts associated with a DXA scan, and I understood their explanation.
- I have been given an opportunity to ask questions, and have received a satisfactory response, about the nature, safety procedures and associated risks
- I understand that my participation in the DXA scan is voluntary and that I may withdraw my consent freely and without prejudice (e.g. without limiting future assessment opportunities) at any time before or during the scan
- I understand that the information obtained during the DXA scan will be treated confidentially (shared only with my AC Medical Officer and/or AC Sports Dietitian), respecting my rights of privacy. If it is deemed appropriate that the DXA scan results be shared with specific members of my broader support team, my specific and separate consent must be sought before the data can be shared.

Player Name:

Signature of Player: Date:

Parent/Guardian name (required if Athlete aged under 18):

Parent/Guardian signature: Date:

I, the undersigned explained to the athlete the nature of the DXA scan and to my best knowledge and believe they understood the safety procedures, risks and discomforts associated with the procedure.

AC Medical Officer or AC Sports Dietitian Name:

Signature of AC Medical Officer or AC Sports Dietitian: Date: