

THE CHILDREN'S HOSPITAL RESEARCH FOUNDATION
CINCINNATI 29, OHIO

United States Reformatory
Chillicothe, Ohio

I, the undersigned applicant, hereby apply for permission to participate in an investigation of immunization against poliomyelitis which is being conducted by The Children's Hospital Research Foundation at the above institution in cooperation with the Bureau of Prisons of the Department of Justice.

I understand that I will be required to undergo a physical examination, including laboratory tests, in order to ascertain if I am a suitable candidate. If accepted, I freely and voluntarily consent to inoculations and such other procedures as may be necessary for this study and to be subject to any restrictions regarding my activities as may be considered necessary to by the medical officer in charge of the investigation. I further freely consent to the taking of blood, stools or other samples for diagnostic or investigative purposes. I understand that if I become ill I agree to such treatment as determined necessary by the medical officer in charge. I understand further that the study will last at least 3 months.

The procedure, the potential benefits to humanity and the risks to my health by participation in this study have been explained to me by Dr. Albert B. Sabin. I hereby freely assume all such risks of participation in this investigation.

In addition, I understand that for my participation in the investigation I will be eligible to receive a sum of \$25.00 which will be deposited in my account at the above institution. No such deposit will be made until the medical officer has certified that my participation has been satisfactory.

In consideration of the above stipulated conditions, I, acting for myself and for and on behalf of my heirs, personal representatives and assigns, release The Children's Hospital Research Foundation and the Bureau of Prisons, U.S. Department of Justice and any of its personnel from all liability including claims and suits at law or in equity from any injury, fatal or otherwise, which may result from my participation in this investigation.

I hereby certify that I am over twenty-one years of age and that I have carefully read and entered into this agreement voluntarily, of my own free will. I fully understand that if I did not care to enter into this agreement, no discrimination or other adverse result would take place. I further certify that no promise or inducement of any kind has been held out to me, except as above expressly set forth.

Applicant _____ (_____)
Reg. No.

Witnesses: (1) _____ (2) _____

Accepted: _____
Physician in charge or Medical Officer (Date)

Approved: _____
Warden (Date)