

Appendix 7: Participant consent form: age 18 years or above

Protocol Title: An Observational Study of Co-administration of azithromycin, albendazole and ivermectin during mass drug administration (MDA) in one district in Beneshangul Gumuz and one district in SNNPR Regional States, Ethiopia

Study ID: |__|__||__||__|__||__||__|__||__||

This form means I can say “No”

I have read and understood the information sheets attached, and have been given the opportunity to discuss the study and ask questions.

I understand that , if I do not wish to participate in the study I will still receive the standard health care I deserve.

I agree to be enrolled in the above named study. As a participant in the study I agree to have regular checkups and report on any discomfort I might experience.

I am aware that I can withdraw my consent at any time of my own choosing or the decision of my physician.

Date |_DD_|_|MM_|_|YY|

Signature

Witness Name

Signature