



**Identification number
TPK**

THE EXAMINEE'S WRITTEN CONSENT

I have read and understood the description of Health 2000, the contents of the survey have also been explained to me orally and I have received a sufficient reply to the questions I have posed on the study.

The information concerning the study was given by:

Name

Date

The data gathered are going to be used for medical research in the National Public Health Institute, which is responsible for their confidentiality. The data can be handed over to other research institutes participating in Health 2000 so that they remain confidential and my identity is not revealed to outsiders. My personal data will not be handed over for any other purpose.

I understand that this study gathers data for research, which is long-term and may last decades. Furthermore, I understand that the research is based on a random sample of the whole population, including also data concerning myself. Data on health status and its determinants will be drawn from various registers. The most important of these are those held by the Central Pensions Institute, the Social Insurance Institute, and Stakes (National Research Institute for Health and Welfare) concerning e.g. work disability pensions, other early retirement pensions, specially reimbursed and other prescription medications, hospital and other treatments as well as causes of death. Due to the extremely high public health importance and long-term use of this data set it is possible that the current data will also be combined with other comparable information.

The previously named data I have provided and the data collected from the above named registers as well as the samples taken will be used for research carried out in the National Public Health Institute and in other participating research institutes. The purpose of the research is to study the causes and prevention of major public health problems including functional limitations and disabilities.

I agree that the data obtained can be used in research and that other needed information is linked to them. By signing this form I assure that I have understood the above information and that I agree to participate in the Health 2000 study.

Place and date: _____ / _____ 200__

The examinee's signature:

Date of birth: «date of birth»

Address«street»

«postal code»

«first name» «last name»

Person receiving the consent: _____

name in block letters: