

**DEPARTMENT OF KINESIOLOGY**  
**ACKNOWLEDGMENT OF RISK FOR DXA EXAM**

**Introduction**

This form provides information that may affect your health and safety. It is intended for use by individuals who are 18 years of age or older and who are capable of understanding the risks and benefits of the procedure. The information on this form is not intended to be a substitute for medical advice from your healthcare provider. If you have any questions, please contact your healthcare provider.

a test kit will be provided to you.  
s will remain confidential between  
DXA scan. Please indicate whether

