

Name :	Surname :	Date of birth :
Weight :	kg	Height :

**Before the examination of SCANNER, please answer carefully to the following questions :**

- Is he allergic to medications or is he asthmatic ?  yes  no
- Did he have a particular reaction during a radiologic examination ?  yes  no
- Did he have an injection (fever, cough, sore throat), dental treatment in the last 15 days ?  yes  no
- Madam, if you wish to stay with your child during the exam :  
Are you pregnant or likely to be ?  yes  no  
Are you breastfeeding ?  yes  no



Has your child contracted COVID-19 ?  yes  no

If yes, on what date was his test positive ? .....

Information that seems significant to be communicated and serious illness ?

.....  
.....  
.....

**Bring on the day of the examination :** Your doctor's request (prescription, letter, etc.), your child's health record, the written list of medications he or she is taking, his or her radiological file (x-rays, ultrasounds, scanner ...), the products which may have been requested for the examination

**For the examination :** If he is under 2 years old, if sedation or an intravenous injection is planned, leave your child fasting for the examination, that is to say three hours without eating or drinking. .  
If necessary, bring his bottle.  
For infants under six months, a 1 hour fast is sufficient.

**During the exam :** Although the exam is done by a trained team, seeing it done on your own child may be uncomfortable for some parents.  
You are under no obligation to attend and if you prefer to wait in the waiting room, the staff will inform you of the progress.  
The exam lasts approximately thirty minutes. If it is expected to last longer and you are waiting in the waiting room, the staff will come and warn you and explain how it will take place.

**After the examination :** Wait until your child is completely awake (if there has been sedation) then have him eat and drink lightly.

**As soon as you return home,** in the event of bleeding or redness on the skin, call your doctor or contact the examination center (tél. : 04 93 09 21 64) or go to the emergency of Grasse Hospital Center (tél. : 04 93 09 55 55)

*It is normal for you to have questions about the exam your child is taking. We hope to have answered it. Do not hesitate to contact us again for any additional information.*

I declare to have been informed of various details and risks related to the examination and I give my consent to carry out, archive the examination and transmit it to the medical profession (specialist doctors, RCP).

Madam, Sir, ..... (father/mother of the child)

Personally completed this form on : .....

Signature

**Dissemination of the report in « Mon Espace Santé / Dossier Médical Partagé » (shared medical record) :**

DISSEMINATION AGREEMENT : All (patient + legal representatives + healthcare professionals) :  YES  NO

**IF NO :**

I would like to NOT SEND ANYTHING to the shared medical record

I would like to send it to the patient (me) and healthcare professionals but NOT TO LEGAL REPRESENTATIVES

I would like to send it only to the patient (me)

I would like to send it only to health professionals