



Jefferson Family Medicine  
924 Jefferson Avenue ▪ Rochester, NY 14611  
P: 585-463-3870 F: 585-463-3873

## Chaperone Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_

You have the right to request a chaperone for any/all physical exams or procedures. Jefferson Family Medicine has the ability to provide you with a chaperone if you wish. Would you like a chaperone present during your exams? You must fill out this form even if you do not want a chaperone.

Please make a selection:

I **would** like a chaperone present for physical exams

I **would not** like a chaperone present for physical exams

Patient signature: \_\_\_\_\_