

# MEDICAL REVIEW FORM

**Purpose:** Title X-funded agencies are responsible for ensuring the factual, technical, and clinical accuracy of all I&E materials developed or made available under the project prior to their sharing.

**How to use:** Identify a medical reviewer within your agency to review the material and complete this form. Once the review is complete, follow the next steps outlined at the bottom of the page.

Agency name: \_\_\_\_\_ Review date: \_\_\_\_\_

Material title (if there is no title, describe the material): \_\_\_\_\_

Material type: \_\_\_\_\_ Publication date: \_\_\_\_\_

Intended audience: \_\_\_\_\_

Language(s) the material is available in: \_\_\_\_\_

Language(s) under review: \_\_\_\_\_

Indicate your level of comfort with the language(s) of the material under review:

	Very Comfortable	Somewhat Comfortable	Not Comfortable
Speaking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of reviewer: \_\_\_\_\_

Position of reviewer: \_\_\_\_\_

Race of reviewer (mark all that apply):

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other (please specify):

Are you Hispanic or Latino?  Yes  No

# Material Evaluation

1. In your estimation, how medically accurate is this material (in other words, to what extent does it reflect current medical practices)?

- Highly accurate
- Somewhat accurate
- Not accurate

List any inaccuracies:

2. Do you recommend this material for our clients?  Yes  No

*Please explain:*

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Medical Reviewer's signature

Date

## Next steps

Notify the staff member coordinating the I&E material review process that you have completed your review, so they can update the I&E Materials Inventory Log and record your recommendations on the I&E Materials Recommendations Summary Form.