

INFORMED CONSENT FOR EXERCISE TESTING

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Purpose and Explanation of Test

I hereby consent to voluntarily engage in an exercise test to determine my circulatory and respiratory fitness. I also consent to have a body fat (skinfold) test. It is my understanding that the information obtained will help me evaluate future physical activities and sports activities in which I may engage. I hereby represent and inform the program that I have accurately completed the three-test history interview presented to me by the program staff and have provided correct responses to the questions as indicated on the form or as applied to the interviewer.

I understand that it is important that I provide complete and accurate responses to the interviewer and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test. The test which I will undergo will be performed on a motor driven treadmill or bicycle ergometer with the amount of effort gradually increasing. The testing will discontinue at any time because of the signs of fatigue or changes in heart rate, blood pressure, shortness of breath, chest discomfort, or symptoms you may experience. It is important for you to realize that you may stop when you wish due to fatigue or any other discomfort.

Risk

It is my understanding and I have been informed that there exists the possibility of adverse changes during the actual test. These include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observation during the testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

Confidentiality

Any information obtained during exercise testing will be treated as privileged and confidential and will not be released to reveal to any person without the express written consent as required by law. Any information obtained, will be used only by the program staff to evaluate exercise status or needs.

Consent

I have been given an opportunity to ask questions about the procedures used in the exercise test or the results. I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and cardiovascular health. By permission to perform this exercise test is given voluntarily. I understand that I am free to discontinue the test at any time if I so desire.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to do so. I understand that the test procedures that I will perform carry a level of risks and discomfort. Knowing these risks and discomfort, and having had an opportunity to ask questions, I consent to participate in this test.

Participant _____ Date _____

Witness _____ Date _____

Tester _____ Date _____

- Participants should refrain from ingesting food, alcohol, or caffeine or using tobacco products within three hours of testing.
- Participants should be retested for the assessment, avoiding significant exertion or exercise on the day of the assessment.
- Clothing should permit freedom of movement and include walking or running shoes.
- If the evaluation is on an outpatient basis, participants should be made aware that the evaluation may be fatiguing and that they may wish to have someone accompany them to the assessment to drive home afterwards.
- Drink ample fluids over the 24 hour period preceding the test to ensure normal hydration testing.