

Informed Consent for Exercise Testing of Apparently Healthy Adults

(without known heart disease)

Name: _____

1. 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 the taking of samples of my exhaled air during exercise to properly measure my oxygen consumption. I also consent, if necessary, to have a small blood sample drawn by needle from my arm or blood chemistry analysis and to the performance of lung function and body fat (skinfold pinch) tests. It is my understanding that the information obtained will help me evaluate future physical activities and sports activities in which I may engage.

Before I undergo the test, I certify-to the program that I am in good health and have had a physical examination conducted by a licensed medical physician within the last _____ months. Further, I hereby represent and inform the program that I have completed the pre-test history interview presented to me by the program staff and have provided correct responses to the questions as indicated on the history form or as supplied to the interviewer. It is my understanding, that I will be interviewed by a physician or other person prior to my undergoing the test who will in the course of interviewing me determine if there are any reasons which would make it undesirable or unsafe for me to take the test. Consequently, 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. As I understand it, this increase in effort will continue until I feel and verbally report to the operator any symptoms such as fatigue, shortness of breath or chest discomfort which may appear. It is my understanding and I have been clearly advised that it is

my right to request that a test be stopped at any point if I feel unusual discomfort or fatigue. I have been advised that I should immediately, upon experiencing any such symptoms or if I so choose, inform the operator that I wish to stop the test at that or any other point. My wishes in this regard shall be absolutely carried out.

It is further my understanding that prior to beginning the test, I will be connected by electrodes and cables to an electrocardiographic recorder which will enable the program personnel to monitor my cardiac (heart) activity. During the test itself, it is my understanding that a trained observer will monitor my responses continuously and take frequent readings of blood pressure, the electrocardiogram, and my expressed feelings of effort. I realize that a true determination of my exercise capacity depends on progressing the test to the point of my fatigue.

Once the test has been completed, but before I am released from the test area, I will be given special instructions about showering and recognition of certain symptoms which may appear within the first 24 hours after the test. I agree to follow these instructions and promptly contact the program personnel or medical providers if such symptoms develop.

2. Risks

It is my understanding and I have been informed that there exists the possibility of adverse changes during the actual test. I have been informed that these changes could include abnormal blood pressure, fainting, disorders of heart rhythm, stroke and very rare instances of heart attack or even death. Every effort, I have been told, will be made to minimize these occurrences by preliminary examination and by precautions and observations taken during the test. I have also been informed that emergency equipment and personnel are readily available to deal with these unusual situations should they occur. I understand that there is a risk of injury, heart attack, stroke or even death as a result of my performance of this test, but knowing those risks, it is my desire to proceed to take the test as herein indicated.

3. Benefits to be Expected and Alternatives Available to the Exercise Testing Procedure

The results of this test may or may not benefit me. Potential benefits relation to the general population, understanding my fitness for certain sports and benefits relate mainly to my personal motives for taking the test, i.e., knowing my exercise capacity in recreational activities, planning my physical conditioning program or evaluating the effects of my recent physical activity habits. Although my fitness might also be evaluated by alternative means, e.g., a bench step test or an outdoor running test, such tests do not provide as accurate a fitness assessment as the treadmill or bike test nor do those options allow equally effective monitoring of my responses.

4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this exercise test will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent. I do, however, agree to the use of any information for research or a statistical purpose so long as same does not provide facts which could lead to the identification of my person. Any other information obtained, however, will be used only by the program staff to evaluate my exercise status or needs.

5. Inquiries and Freedom of Consent

I have been given an opportunity to ask questions as to the procedure. Generally these requests, which have been noted by the testing staff, and their responses are as follows:

I further understand that there are also other remote risks that may be associated with this procedure. Despite the fact that a complete accounting of all remote risks

is not entirely possible, I am satisfied with the review of these risks which were provided to me and it is still my desire to proceed with the test.

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 read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel and to the provision of emergency care response and CPR if necessary.

Date _____

Participant's Signature

Witness's Signature

Test Supervisor's Signature

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or

Email me at weightlossking40@gmail.com to *request*
this **form** in Microsoft Word format.

This format allows you to easily change the words to fit
your fitness program.