



Informed Consent for Exercise Testing

1. Purpose and Explanation of the Test

You will perform an exercise test on a cycle ergometer, a motor-driven treadmill or other exercise ergometer. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of signs of fatigue or changes in your heart rate, ECG, or blood pressure, or symptoms you may experience. It is important for you to realize that you may stop when you wish because of feelings of fatigue or any other discomfort.

2. Attendant Risks and Discomforts

There exists the possibility of certain changes occurring during the 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 observations during testing.

3. Responsibilities of the Participant

Information you possess about your health status or previous experiences of heart-related symptoms (e.g., shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms) with physical effort may affect the safety of your exercise test. Your prompt reporting of these and any other unusual feelings with effort during the exercise test itself is very important. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report all medications (including nonprescription) taken recently and, in particular, those taken today, to the testing staff.

4. Benefits to Be Expected

The results obtained from the exercise test may assist in the diagnosis of your illness, in evaluating the effect of your medications or in evaluating what type of physical activities you might do with low risk.

5. Inquiries

Any questions about the procedures used in the exercise test or the results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

6. Use of Medical Records

The information that is obtained during exercise testing will be treated as privileged and confidential as described in the Health Insurance Portability and Accountability Act of 1996. It is not to be released or revealed to any person except your referring physician without your written consent. However, the information obtained may be used for statistical analysis or scientific purposes with your right to privacy retained.

7. Freedom of Consent

I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point if I so desire.

I have read this form, and I understand the test procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this test.

Date

Signature of Participant

Client Date of Birth

Date

Signature of Staff Member