

# Informed Consent for Exercise Testing



## 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 a fingerprick test for blood chemistry analysis. 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 that I am in good health and have had a physical examination within the last \_\_\_\_ months. Further, I hereby represent and inform SPM that I have completed the pretest history questionnaire presented to me and have provided correct responses to the questions as indicated on the history form. It is my understanding that I may additionally be interviewed by a physician or staff member prior to my undergoing the test who will 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 and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

The test I will undergo will be performed on either a treadmill, bike or ergometer with the 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 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.

I understand that prior to beginning the test, if necessary, I will be connected to an electrocardiogram recorder, which will enable the program personnel to monitor my cardiac (heart) activity. It is my understanding that during the test, a medical personnel will monitor my responses, 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.

## 2. Risks

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

**3. Benefits to be expected and available alternatives to the exercise testing procedure**

The results of this test may or may not benefit me. Potential benefits include knowing my exercise capacity in relation to the general population, understanding my fitness for certain sports and 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, for example, a bench step test or an outdoor running test, such tests do not provide as accurate a fitness assessment nor do those options allow equally effective monitoring of my responses.

**4. Confidentiality and use of information**

I have been informed that the information 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 statistical purposes so long as same does not provide facts that could lead to my identification. 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 certain questions as to the procedures. My specific questions / requests 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 these remote risks has not been provided to me, I still 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.

<b>Participant Name:</b>	
<b>Participant Signature:</b>	
<b>Staff Signature:</b>	
<b>Physician Signature:</b>	
<b>Date:</b>	