



PARKER FITNESS

TRAINING & NUTRITION

Peter Parker, Certified Personal Trainer // 207-576-0752 // www.parkerfit.com

INFORMED CONSENT

I. Purpose & Explanation of Test

It is my understanding that I will undergo a test to be performed on a treadmill, or a step test, 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 or until the test is completed or otherwise terminated. 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 chose, inform the operator that I wish to stop the test at that or any other point. My stated wishes in this regard shall be carried out. I realize that a true determination of my exercise capacity depends on progressing the test to a point of my fatigue.

If correct and you agree and understand, initial here: _____

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 accurately completed the Medical History Form 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 program interviewer 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.

If correct and you agree and understand, initial here: _____

II. Risks

It is my understanding that 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. I have also been informed that aside from the foregoing other risks exist. These risks include, but are not necessarily limited to the possibility of stroke, or other cerebrovascular or cardiovascular incident or occurrence, mental, physiological, motor, visual or hearing injuries, deficiencies, difficulties or disturbances, partial or total paralysis, slips, falls, or other unintended loss of balance or bodily movement related to the exercise treadmill, or step test, which may cause muscular, neurological, orthopedic or other bodily injury as well as a variety of other possible occurrences, any one of which could conceivably, however remotely, cause bodily injury, impairment, or death. Any procedure such as this one carries with it some risk however unlikely or remote. There are also other risks of injury, impairment, disability, disfigurement, and even death. I acknowledge and agree to assume all risks.

If correct and you agree and understand, initial here: _____

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. Knowing and understanding all risks, it is my desire to proceed to take the test as herein described.

If correct and you agree and understand, initial here: _____



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III. Benefits to be Expected & Alternatives Available to the Exercise Testing Procedure

I understand and I have been told that the results of this test may or may not benefit me. Potential benefits relate mainly to my personal motives for taking the test, i.e., 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, 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.

If correct and you agree and understand, initial here: _____

IV. Consent

I hereby consent to voluntarily engage in an exercise test to determine my circulatory and respiratory fitness. It is my understanding that the information obtained will help me evaluate future physical fitness and sports activities in which I may engage.

If correct and you agree and understand, initial here: _____

V. Confidentiality & 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 or as required by law. I do, however, agree to the use of any information for research or statistical purposes, 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.

If correct and you agree and understand, initial here: _____

VI. Inquiries & Freedom of Consent

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

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.

YOUR SIGNATURE

DATE

WITNESS' SIGNATURE

DATE

SPOUSE'S SIGNATURE & CONSENT

DATE

TEST SUPERVISOR'S SIGNATURE

DATE