

PEAK Fitness Clinic

Informed Consent for Participation in Fitness Evaluation

You are consenting to voluntarily participate in a health fitness evaluation that will consist of several components. These components include completion of physical activity readiness questionnaire; heart rate, height, and weight measures; resting energy expenditure, body fat evaluation (skinfold measurements); and a maximal exercise test on a treadmill.

There does exist the possibility that certain undesirable changes may occur during the physical tests of the evaluation. These changes include abnormal blood pressure, fainting, and irregular heart beat. In rare instances, heart attack, stroke, or death may occur. Every effort will be made to minimize these risks by evaluating the medical history forms and questionnaires that you complete as well as through careful observation by trained personnel during testing. In the event that you are categorized as "high risk" for physical activity/testing, certain aspects of the evaluation will not be performed for safety reasons. An emergency plan to provide CPR and contact emergency medical assistance is in place should an unusual situation arise.

Information you possess about your health status and previous experiences with unusual feelings during physical effort (symptoms such as shortness of breath with low-level activity; pain, pressure, tightness, heaviness in the chest, neck, or jaw) is extremely important for your safety during the exercise portion of the evaluation. You are responsible to fully disclose all medical history information and symptoms during previous physical activity that is requested of you. Also, you are responsible for indicating immediately any symptoms or problems during any aspect of the evaluation to the testing staff. You are expected to report all medications (including non-prescription), especially those taken the day of testing, to the testing staff.

The results obtained from this evaluation will be used to determine your current health-fitness status, including exercise capacity, and to design an exercise program tailored to your needs and goals. Any questions about the procedures used during the evaluation and/or the evaluation results are welcome and encouraged. If you have any doubts or concerns, please ask a faculty supervisor for further explanation.

The information that is obtained through the evaluation will be treated as privileged and confidential. It will not be released to anyone other than yourself without your written consent. Strict confidentiality will be maintained with your right to privacy protected.

I have read this form and I understand the evaluation procedures that will be performed. I understand that my permission to perform this evaluation is voluntary. I consent to participate in this evaluation.

Signature/Print Name

Date

Witness

Date