

## **Informed Consent for Exercise Testing of Apparently Healthy Adults (without known or suspected heart disease)**

Name: \_\_\_\_\_

### **1. Purpose and Explanation of Testing Protocol**

I hereby consent to voluntarily engage in an exercise test to determine my baseline fitness level. I consent to the following tests used in the protocol:

- 1) Submaximal VO<sub>2</sub> test to measure cardiovascular fitness where the amount of effort is not to exceed 90% of my maximal heart rate. My heart rate will be monitored as well.
- 2) BOD POD test
- 3) Meta Check

It is my understanding that I will be interviewed by a staff person prior to my undergoing the tests who will in the course of the interview, determine if there are any reasons which would make it undesirable or unsafe for me to take the test. I have also been clearly advised that it is my right to request that any test be stopped if I feel unusual discomfort or fatigue. I have been advised that I should immediately upon experiencing any such symptoms, or if I choose so, inform the test technician that I wish to stop the test at that or any other point. My wishes in this regard shall be absolutely carried out.

### **2. Risks**

Even though all testing is of a sub-maximal nature, 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 the 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 by preliminary examination and interviews and by precautions and observations made during the test. I understand that 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 to take the test as herein indicated.

### **3. Benefits**

The results of this test may or may not benefit me. Potential benefits relate mainly to my personal motives for taking the test, that is, 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.

**OVER PLEASE**

**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 as 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 the opportunity to ask questions as to the procedure. I further understand that there are other remote risks that have been 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.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Test Technician: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: DCRC  
T.J. Putnam  
tputnam@dublin.oh.us

Mail to: DCRC  
ATTN: T.J. Putnam  
5600 Post Road  
Dublin, Ohio 43017

For questions please contact:  
T.J. Putnam  
Fitness & Wellness Coordinator  
614-410-4584