



When you understand and consent to each of the points listed below please sign at the bottom.

**Explanation of the Exercise Stress Test**

You will perform an exercise based test using either a treadmill or a stationary bicycle. Exercise will begin at a level that you can easily accomplish and get harder during a series of stages. Depending on our goals you may be asked to give a maximal, as hard as you can, effort. The testing staff will stop the procedure in the event of adverse symptoms. These may include, but are not limited to; Changes in Heart Rate, Blood Lactate, Heart Rhythm, Blood Pressure or General Observation. This test is voluntary and can be stopped by you at any point in time.

**Risks and Discomfort**

There is risk involved with exercise; statistics show a mortality rate of .5 per 10,000 exercise tests and heart attack rate of 3.6 per 10,000 tests. Exercise can induce changes including abnormal blood pressures, dizziness, abnormal heart rhythms, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of medical history and observations during the test. Emergency equipment and trained personnel are available if needed.

If your test involves an EKG, please understand that it is not infallible. Even if the interpretation of your EKG indicates good heart health, there is no guarantee that you will not undergo an adverse cardiac event at any time in the future.

Exercise, by nature, tends to carry a level of discomfort. Depending on the type of testing you under-go, various pieces of equipment (example: mouth-pieces for breath collection) may be utilized; There may be some discomfort, claustrophobia or other feelings directly associated with the use of this equipment. If your particular test involves a lactate profile, we will perform a finger-stick blood draw during each exercise stage. This procedure is similar to that of a person with diabetes who monitors their blood sugar.

**Responsibilities of the Participant**

Information you possess about your health status or previous experience of unusual feelings with physical effort may affect the safety and value of your exercise test. It is very important that you accurately and fully report your medical history, medications and current state. During the test, your prompt report of symptoms including: Chest Pain, Difficulty Breathing, Dizziness and / or Fatigue are also of great importance. You are responsible for fully disclosing such information when requested by the testing staff.

**Expected Benefits**

If Pulmonary Function/ Metabolics are tested the information will be useful to better understand your body breathes and utilizes oxygen and carbon dioxide.

If EKG is recorded it will assist a physician in evaluating your cardiovascular system during exercise, which may be different from the results of a resting EKG.

If Blood Lactate is tested; an understanding of your energy production systems will help guide exercise recommendations.

**Inquiries**

Any questions regarding 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

**Consent**

Performance of this exercise stress test is voluntary. You are free to stop the test at any point.

I have read the foregoing and I understand the test procedures that I will perform and the associated 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 the above tests.

\_\_\_\_\_
Date

\_\_\_\_\_
Signature of Participant or Legal Guardian