

Form 6

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Informed Consent Form for Exercise Testing

Testing Objectives:

I understand that the tests that are about to be administered to me are for the purpose of determining my physical fitness status, including heart, lung, and blood vessel capacities for whole body activity, body composition (ratio of body fat to muscle, bone, and water), joint flexibility, and possibly muscular endurance and strength.

Explanation of Procedures:

I understand that the tests which I may undergo may be performed on a treadmill, bicycle, steps, or on a track. The tests are designed to increase demands of the heart, lung, and blood vessel systems. These tests will continue for a specified period of time or distance or unless symptoms prohibit further exercise. Body composition will be determined through use of skinfold tests or other designated procedures to determine levels of body fat versus fat-free weight. Flexibility testing such as the sit-and-reach test may be used to determine flexibility around the hip joint or other joints as deemed necessary. Muscular endurance and or strength may be determined through the use of body calisthenics and/or equipment. Other tests which may be utilized will be explained thoroughly prior to use of any test not explained here.

Description of Potential Risks:

I understand that the reaction of the heart, lung, and blood vessel system to exercise cannot always be predicted with accuracy. I understand that there is a risk of certain abnormal changes occurring during or following exercise testing. These changes include abnormal heart beats, abnormal blood pressure response, various muscle and joint strains and injuries, and, in rare instances, heart attack, stroke, or even death. Monitoring of the testing process by a fitness specialist should provide appropriate precaution against such problems.

Description of Benefits to be Expected.

I understand that the results of these tests will aid in determining my physical fitness status and in determining potential health hazards. These results will facilitate a better individualized exercise prescription.

I have read the foregoing information and understand it. Any questions which may have occurred to me have been answered to my satisfaction. I also understand that I am free to deny answering any questions during the evaluation process or to withdraw consent and discontinue participating in any procedures. I have also been informed that the information derived from these tests is confidential and will not be disclosed to anyone other than my physician or others who are involved in my care or exercise prescription without my permission. However, I am in agreement that information from these tests not identifiable to me can be used for research purposes.

Signature of Participant _____ Date _____

Signature of Witness _____ Date _____