



INFORMED CONSENT FOR **EXERCISE TESTING** AND USE OF HEALTH AND FITNESS DATA FOR RESEARCH ON LIFESTYLE AND HEALTH

In order to determine my level of physical fitness and capacity for exercise, I hereby give consent to engage voluntarily in an exercise stress test to evaluate the condition of my fitness level. The information obtained in this test will assist in guiding me during my training program.

Before undergoing these tests, I understand my medical history will be reviewed to determine whether any condition is present which would indicate that I should not submit to tests.

The tests, which I will undergo, will be performed on a treadmill, field, steps, or a bicycle ergometer with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort appear, symptoms that indicate the test should be stopped. I recognize that I will stop the exercise at my discretion when I have reached my maximum effort (or in some cases 85% of predicted maximal heart rate).

During the performance of the test, a trained observer will keep me under close surveillance by monitoring my heart rate and blood pressure. For some individuals a small amount of blood (1 drop) will be taken from a prick of the earlobe or finger prior to increasing the effort during each stage of the testing. I understand there is a small possibility of infection from a prick of the skin. The chances of infection will be minimized utilizing aseptic techniques.

There exists a possibility of certain changes occurring during the test. They include abnormal blood pressure, fainting, musculoskeletal injuries, disorders of heartbeat, and very rare instances of heart attack. I understand that every effort will be made to minimize problems by preliminary examination and by observation during testing. I also understand that persons trained in first aid will be available to deal with unusual situations that may arise. Meredith College has made no arrangements to pay for injuries that might occur because of your participation in the assessment process. If you need a doctor, you will be referred to either your personal doctor, a doctor at the Meredith College clinic, or one of the local emergency rooms. Any of these doctors will be available to you but there will be fees for their services for which you will be responsible.

I also hereby voluntarily give consent to the inclusion of data concerning my health and fitness status, which are obtained by personnel of the laboratory, in a research data bank that will be used to investigate the relationships between various aspects of lifestyle, health, and fitness. These data are derived from questionnaires, medical examination, and laboratory testing. Included are a medical history, family history of heart and other diseases, smoking history, cardiorespiratory, body composition, exercise tolerance, blood, diet, psychological, musculoskeletal, demographic, and physical activity data.

I understand that these data used for scientific research will receive only impersonal statistical treatment with my right of privacy protected. None of my data will be revealed in individualized form to another person without my prior consent. Further I recognize that I can discontinue participation at any time without penalty of any kind.

I have read the foregoing carefully and I understand its content. Any questions, which may have occurred to me concerning this information and consent, have been answered to my satisfaction.

SIGNATURE

DATE

WITNESS

DATE