Maximal/Submaximal Exercise Test

INFORMED CONSENT

1. Purpose and Explanation for the Test

You will perform a graded exercise test on a motor-driven treadmill or cycle ergometer. The exercise intensity will begin at a low level and will be advanced in stages, depending on your fitness level. We may stop the test at any time because of signs of fatigue or changes in your heart rate or blood pressure, or symptoms you may experience. You may stop the test at any time because of feelings of fatigue or any type of discomfort.

2. Attendant Risks and Discomforts

As with any exercise, there exists the possibility of certain changes occurring during the test. These include abnormal blood pressure, fainting, irregular, fast or slow heart rhythm, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information related to your health and fitness and by careful observation during testing. The George Washington University Exercise Physiology Laboratory (the Lab) has trained personnel and procedures in place to respond to emergencies. Please note that there will NOT be a physician present on site.

Based on your current health status and your level of risk for exercise, the Lab reserves the right to not conduct the exercise test at this time.

3. Responsibilities of the Participant

Information you possess about your health status or previous experience of exercise-related or heart-related symptoms (such as shortness of breath with low-level physical activity, pain, pressure, tightness, or heaviness in the chest, neck, jaw, back, and/or arms) may affect the safety of your test. Your prompt reporting of these and any other unusual feelings with effort during the test is of great importance. You are responsible for disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report to the testing staff all medications (including non-prescription) taken recently, and, in particular, those taken today.

4. Benefits to be Expected

The results obtained from the test will quantify your exercise capacity and may be helpful in evaluating what type of physical activities are appropriate and safe for you.
5. Inquiries

Any questions about the procedures used in the exercise test or the results of your test are encouraged. If you have any concerns or questions, please ask a member of the testing staff for further explanations.

6. Use of Test Results

All personal information collected for this test will be treated as confidential and privileged. It is not to be released to anyone except your referring or attending physician. The information and data, however, may be used for statistical analysis or scientific purposes with your right of privacy maintained.

7. Voluntary Consent

I hereby consent to engage in an exercise test to determine my exercise capacity. My permission to perform this test is given voluntarily. I understand that I may stop the test at any point, if I so desire.

I have read this form and I understand the test procedures that I will perform and the attendant risks and discomforts. I understand that there will NOT be a supervising physician onsite. Knowing these risks and discomforts, and having an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in the test.

________________________________________________________________________
Signature of Participant                                      Date

________________________________________________________________________
Signature of Parent/Guardian (if under 18)                  Date