

Client Name _____

DOB _____



ESSC Cardiopulmonary Exercise Test Informed Consent

This Informed Consent is designed to obtain lawful consent prior to the performance of a Cardiopulmonary Exercise Test at the Exercise and Sports Science Center [ESSC].

Cardiopulmonary Exercise Test [CPX]

Purpose and Explanation

You will perform an exercise test on a motor driven treadmill or bicycle ergometer for approximately 10-12 minutes. The exercise intensity will begin at a low level and will be advanced in stages of varying duration depending upon your fitness level. The test is designed to evaluate how well your heart and lungs work together during exercise. You will be wearing a fitted mask with a device called a pneumotach which is used to sample and measure the air you breathe in and out. The pneumotach will allow you to take in all the air you need. Your electrocardiogram, heart rate, blood pressure, other physiological responses and any symptoms that may occur will be carefully monitored before, during, and post-testing. We may stop the test prematurely due to symptoms and/or signs such as an abnormal heart rate, blood pressure response, and/or changes in the electrocardiogram.

Attendant Risk and Discomforts/Benefits of Testing

Possible changes that can occur during testing include: abnormal blood pressure (too high or too low), fainting, irregular, fast, or slow heart rhythm, and in very rare instances a heart attack, stroke, or death. Other symptoms, such as chest discomfort, lightheadedness, dizziness, and shortness of breath may also occur. We are equipped and trained to respond to emergent events through evaluation of preliminary information related to your health; and observations made during and after testing. The test will assist in the diagnosis of your health condition; in evaluating the effect of your medications; and/or in evaluating the type and intensity of exercise, training, or physical activities you may safely engage in.

Inquiries

Questions about all ESSC procedures are encouraged and may be asked at any time. If you have questions or concerns, please ask us for further clarification.

Responsibilities of the Participant

You are responsible for fully disclosing your medical history, prescription medications, and symptoms prior to, during, and following testing. Please be prepared to give your best effort; the harder you work the more useful the clinical and performance data generated will be. Your prompt and honest reporting of any pain, discomfort, or unusual feelings during testing is extremely important in order to maintain safety and diagnose your condition. Our trained staff will work with you by asking questions and prompting you at various stages of the testing.

Consent of Patient

I hereby consent to voluntarily engage in the checked/selected ESSC procedures. My permission to perform these tests is given voluntarily. I understand that I am free to stop any test at any point if I desire to do so. This may however result in a loss of data; making it more challenging to develop individualized exercise/training recommendations. I have read this form, and I understand the test procedure(s) that I will perform and the attendant risks and discomforts. I have had an opportunity to ask questions and all such questions have been answered to my satisfaction; therefore I consent to participate in the test(s) indicated.

Signature of Patient

Date_____

Signature of Witness

Date_____

Signature of Parent or Guardian (if patient is a minor)

Date_____