

INFORMED CONSENT FOR EXERCISE TESTING: (READ CAREFULLY BEFORE SIGNING!)

1. Purpose and Explanation of the Test

You will perform an exercise test on a cycle ergometer, motor driven treadmill or rowing 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, blood pressure, or symptoms you may experience. It is important for you to realise that you may stop when you wish because of feelings of fatigue or any other discomfort.

2. Attendant Risks and Discomforts

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 minimise these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

3. Responsibilities of the Participant

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

4. Benefits to be Expected

The results obtained from the exercise test will determine your maximal aerobic capacity by scientifically measuring the rate at which oxygen can be distributed and utilised by the body during physical activity. A testing technician will discuss your results and personalised heart rate, power and RPE training zones will be defined. METS' testing staff are not medical doctors and are not qualified to diagnose a participant's illness or state of disease.

5. Inquires

Any questions about the procedures used in the exercise test or the results of our test are encouraged. If you have any concerns or questions, please ask us for further explanations.

6. Use of Medical Records

The information that is obtained during testing will be treated as privileged and confidential. It will not be released or revealed to any person without your approval.

7. Eligibility

Only individuals determined to be "low risk" based on ACSM's risk stratification guidelines may perform maximal testing. Individuals determined to be "moderate risk" may only participate in sub-maximal testing.

8. Acknowledgement and Consent

I expressly acknowledge that the exercise test is done for information purposes and not for the purpose of diagnosing or treating injuries or illnesses. I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity and state of cardiovascular health. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire.

BY MY SIGNATURE BELOW I UNDERSTAND AND AGREE TO THE ABOVE TERMS AND CONDITIONS.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

(If under 18 years, parent or guardian signature is required)

OVER

ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT: (READ CAREFULLY BEFORE SIGNING!)

1. I hereby acknowledge that I have voluntarily chosen to participate in the VO2 max and sub-max metabolic testing (exercise testing) through METS Performance Consulting.
2. I am aware that METS Performance Consulting staff are not medical doctors and are not qualified to determine a participant's physical capability to engage in strenuous exercise.
3. The information given on the medical history questionnaire is correct to the best of my knowledge. I understand that absence of the physical problems listed on this form does not necessarily guarantee that I am in satisfactory health to participate in an exercise test.
4. **Acknowledgment of Risk.** I understand and acknowledge the risks involved in participating in exercise testing at the METS Performance Consulting lab, including, but not limited to, the risks involved in utilising equipment or participating in any exercise or fitness activity. I have been informed that these risks, though remote include abnormal blood pressure, fainting, disorders of heart rhythm, stroke, and very rare instances of heart attack or even death. While I have been assured that every effort will be made to minimise these occurrences by precautions taken during testing. I have also been informed that emergency equipment (Oxygen, AED, First Aid Kit) and trained personnel are available to deal with these unusual situations should they occur. I understand that the fitness testing lab does not employ medical professionals.
5. **Assumption of Risks.** I understand that I am responsible for researching and evaluating the risks that I may face and am responsible for my actions. I also understand that if I have any doubts of my physical or mental condition, I am responsible for discussing the activities and risks involved in the exercise test with my physician. Any activities that I may take part in, whether as a component of the exercise test or separate from it, will be considered to have been undertaken with my approval and understanding of any and all risks involved.

I agree to expressly assume and accept any and all risks associated with the exercise test, including but not limited to, travel to/from the testing lab facilities and limited availability of medical aid. By voluntarily participating in exercise testing with the knowledge of the risks involved, I hereby agree to accept any and all inherent risks of property damage, bodily injury or death.

6. **Release, Indemnification and Hold Harmless.** In consideration for being allowed to participate in the VO2 max and sub-max metabolic testing (exercise test) offered in the METS Performance Consulting lab and to the fullest extent permitted by law, I agree to indemnify, defend and hold harmless METS, its trustees, officers, employees, volunteers, agents and assigns from and against all claims arising out of or resulting from my participation in the exercise test, except for claims arising out of the sole negligence or willful misconduct of METS, its trustees, officers, employees, volunteers, agents and assigns..
"Claim" as used in this agreement means any financial loss, claim, suit, action, damage or expense, including but not limited to attorney's fees, attributable to bodily injury, sickness, disease or death, or injury to or destruction of tangible property including resulting loss of use. In addition, I hereby voluntarily **release, forever discharge and agree not to sue** METS, its trustees, officers, employees, volunteers, agents and assigns from any and all claims, both present and future, that may be made by me, my family, estate, heirs or assigns.

I further understand that this acknowledgment of risk and hold harmless is intended to be as broad and inclusive as permitted by the laws of the State of Victoria, or any other applicable laws, and that if any portion hereof is held invalid, I agree that the remainder shall, notwithstanding, continue in full legal force and effect.

I HAVE READ AND FULLY UNDERSTAND THIS ACKNOWLEDGMENT OF RISK AND HOLD HARMLESS AGREEMENT.

Print Name: _____ Signature: _____ Date: _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

(If under 18 years, parent or guardian signature is required)

Thank you for taking the time to complete and return this form prior to your test!

INFORMED CONSENT FOR DRAWING A BLOOD SAMPLE

With your informed consent, we would like to take a blood sample(s) for the following purpose:

- to assess your fitness level (eg. lactate).
- to assess your health status (eg. Cholesterol, glucose, pathology screening)
- as part of a research project.

Due to the nature of the tests, we suggest that the following method of blood sampling would be most appropriate in your case.

- skinprick** of a fingertip or ear lobe, using a UniStik3 lancet. You will feel a small prick on your finger tip or ear lobe when the sample is taken.
- venepuncture**, which involves a needle prick into a vein in your arm; a sample (up to 8 ml) is then drawn off into a vacutainer. We use needles with small diameters in order to minimize the discomfort.
- venous catheterisation** which involves the introduction of a small plastic tube or catheter (up to 2cm long) into a vein in your arm. In this case, the catheter will usually remain in your arm for the duration of the test. Only the plastic tube is left in your arm; the needle is withdrawn as soon as the catheter is in place. Catheters are used when several blood samples are needed from one site, because once the catheter is in place, it is a simple and painless procedure to remove a blood sample.

PRECAUTIONS TAKEN

A. Venepuncture, Venous catheterisation & capillary skinprick methods

We only use **clean** equipment and **safe** aseptic techniques. The risk of cross-infection is negligible. For venipuncture, venous catheterization and capillary (skinprick), only **sterile single use** needles, plastic tubing, syringes and dressings are used.

B. Fainting

Occasionally people faint when having a blood sample taken. Staff in our clinic is trained to manage fainting.

C. Bruising

Occasionally bruising may occur as a result of blood sampling, but we practice techniques that minimise this problem. Should bruising occur, it should resolve within 1-2 days. If **swelling** and **tenderness** occurs, please let us know immediately; if you are unable to contact us, you should consult with your doctor.

	Yes	No	
Have you ever fainted when you have had an injection or blood sample taken.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any of the following conditions?			Not Likely
- Bleeding disorders (eg. hemophilia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Clotting problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- H.I.V. positive (the A.I.D.S. virus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been prescribed drugs to prevent blood clotting? (eg. warfarin, heparin).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above, give details;

DECLARATION AND CONSENT

I have read the information overleaf and provided complete and accurate details under the Risk Factor Assessment. Furthermore, I consent to having a blood sample(s) taken by the method indicated overleaf.

Name:

Signed: Date:

Witness: Date: