

HEALTH RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE

SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*

**Informed Consent for Exercise Testing**

I hereby consent, voluntarily, to exercise tests. I shall perform a graded exercise test by riding a cycle ergometer or walking/running on a treadmill. Exercise will begin at a low level and be advanced in stages. The test may be stopped at any time because of signs of fatigue. I understand that I may stop the test at any time because of signs of fatigue or discomfort or for any other personal reason.

I understand that the risks of this testing procedure include disorders of heartbeats, abnormal blood-pressure response, and, very rarely, a heart attack. I further understand that selection and supervision of my test is a matter of professional judgment.

I also understand that body composition will be conducted using various methods to determine the ratio of lean muscle mass to fat tissue. Procedures may include skinfold calipers, bioelectrical impedance, or circumferential measurements to determine percent body fat. Muscular strength, muscular endurance, and flexibility will also be evaluated to ascertain my current overall fitness level.

I desire such testing so that better advice regarding my proposed exercise program may be given to me, but I understand that the testing does not entirely eliminate risk in the proposed exercise program.

I understand that information from my tests may be used for reports and research publications. I understand that my identity will not be revealed.

I understand that I can withdraw my consent or discontinue participation in any aspect of the fitness testing or program at any time without penalty or prejudice toward me.

I have read the statement above and have had all of my questions answered to my satisfaction.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

(Rev. 25012008)

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:		
PATIENT'S NAME <i>(Last, First, Middle Initial)</i>		SEX
RELATIONSHIP TO SPONSOR	STATUS	RANK/GRADE
SPONSOR'S NAME ORGANIZATION		
DEPART./SERVICE	SSN/IDENTIFICATION NO.	DATE OF BIRTH

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STANDARD FORM 600 (REV. 5-84)  
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