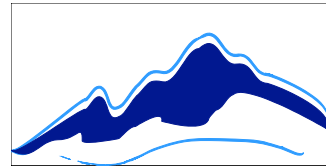


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Exercise  
Performance Testing  
Consent form



Silver Sage Sports  
Performance

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I hereby consent to voluntarily engage in an exercise test to determine my circulatory and respiratory fitness. I also consent to have a small blood sample drawn with a poke to the ear or finger for lactate testing. It is my understanding that the information obtained will help me evaluate future physical activities and sports activities in which I may engage.

Before I undergo the test, I certify to SSSP that I am in good health and have had a physical examination by a licensed medical physician within the past year. It is my understanding that I may be additionally interviewed by a physician or staff member prior to my undergoing the test who will determine if there are any reasons which would make it undesirable or unsafe for me to take the test. Consequently, I understand that it is important that I provide complete and accurate responses and recognize that my failure to do so could lead to possible unnecessary injury to myself during the test.

The test I undergo will be performed on a bike or motor driven treadmill. As understand it, the effort will increase during the test. It is my understanding and I have been clearly advised that is my right to request the test be stopped at any point if I feel unusual discomfort or fatigue. I have been advised that I should immediately upon experiencing any such symptoms, or if I so choose, inform the operator that I wish to stop the test at that or at any other point.

Risks of exercise testing include occasional changes in the rhythm of the heart and the possibility of very high blood pressure. There are also risks of fainting, stroke and very rare instances of heart attack or death. I have been told that every effort will be made to minimize these occurrences during the test. I have also been informed that emergency equipment and personnel are available to deal with these unusual situations should they occur. Knowing these risks, it is my desire to proceed to take the test indicated.

Benefits of testing include learning how much exercise you can do safely and understanding how you should plan your training schedule. Your maximal heart rate will usually be determined, which can be used to customize your exercise prescription. The knowledge gained from the exercise test allows a better picture of your overall health and performance in athletic activities.

#### Consent

Your signature on the form indicates that (1) you have read, understood, and agree to all of the previous statements; (2) you have had an opportunity to ask questions about the exercise test; (3) the test has been adequately explained to you and you have been given sufficient information regarding the test, its risks, and its benefits; and (4) your consent to take the exercise test is given voluntarily (because you have the right to refuse to take the test).

I hereby consent to undergo performance exercise testing under the supervision of Silver Sage Center for Family Medicine

\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date