

# **Informed Consent for Participation in an Exercise Program for Apparently Healthy Adults** *(without known or suspected heart disease)*

Name: \_\_\_\_\_

## **1. Purpose and Explanation of Procedure**

I hereby consent to voluntarily engage in a program of exercise conditioning. I also give consent to be placed in program activities which are recommended to me for improvement of my general health and well-being. These may include dietary counseling, stress reduction, and health education activities. The levels of exercise which I will perform will be based upon my cardiorespiratory (heart and lungs) fitness as determined through my recent laboratory graded exercise evaluation. I will be given exact instructions regarding the amount and kind of exercise I should do. I agree to participate three times per week in the formal program sessions. Professionally trained personnel will provide leadership to direct my activities, monitor my performance, and otherwise evaluate my effort. Depending upon my health status, I may or may not be required to have my blood pressure and heart rate evaluated during these sessions to regulate my exercise within desired limits. I understand that I am expected to attend every session and to follow staff instructions with regard to exercise, diet, stress management, and smoking cessation. If I am taking prescribed medications, I have already so informed the program staff and further agree to so inform them promptly of any changes which my doctor or I have made with regard to use of these. I will be given the opportunity for periodic assessment with laboratory evaluations at 6 months after the start of my program. Should I remain in the program thereafter, additional evaluations will generally be given at 12 month intervals. The program may change the foregoing schedule of evaluations if this is considered desirable for health reasons.

I have been informed that during my participation in exercise, I will be asked to complete the physical activities unless symptoms such as fatigue, shortness of breath, chest discomfort or similar occurrences appear. At that point, I have been advised it is my complete right to decrease or stop exercise and that it is my obligation to inform the program personnel of my symptoms. I hereby state that I have been so advised and agree to inform the program personnel of my symptoms, should any develop.

I understand that during the performance of exercise, a trained observer will periodically monitor my performance and perhaps measure my pulse, blood pressure, or assess my feelings of effort for the purposes of monitoring my progress. I also understand that the observer may reduce or stop my exercise program when any of these findings so indicate that this should be done for my safety and benefit.

## **2. Risks**

It is my understanding, and I have been informed, that there exists the remote possibility during exercise of adverse changes, including abnormal blood pressure, fainting, disorders of heart rhythm, and very rare instances of heart attack, stroke or even death, as well as other risks of injury or impairment, due to my participation in activity. Often injuries to bones, muscles, tendons, ligaments, and other parts of my body may also occur. Every effort, I have been told, will be made to minimize these occurrences by proper staff assessment of my condition before each exercise session, through staff supervision during exercise and by my own careful control of exercise efforts. I have also been informed that emergency equipment and personnel are readily available to deal with unusual situations should these occur. I understand that there is a risk of injury, heart attack or even death as a result of my exercise, but knowing those risks, it is my desire to participate as herein indicated.

## **3. Benefits to be Expected and Alternatives Available to Exercise**

I understand that this program may or may not benefit my physical fitness or general health. I recognize that involvement in the exercise sessions will allow me to learn proper ways to perform conditioning

exercises, use fitness equipment, and regulate physical effort. These experiences should benefit me by indicating how my physical limitations may affect my ability to perform various physical activities. I further understand that if I closely follow the program instructions, that I will likely improve my exercise capacity after a period of 3–6 months.

#### 4. Confidentiality and Use of Information

I have been informed that the information which is obtained in this exercise program will be treated as privileged and confidential and will consequently not be released or revealed to any person without my express written consent or as required by law. I do, however, agree to the use of any information which is not personally identifiable with me for research and statistical purposes so long as same does not identify my person or provide facts which could lead to my identification. Any other information obtained, however, will be used only by the program staff in the course of prescribing exercise for me and evaluating my progress in the program.

#### 5. Inquiries and Freedom of Consent

I have been given an opportunity to ask certain questions as to the procedures of this program. Generally speaking, the questions I have asked, which have been noted by the interviewing staff member, and the responses I have received from that staff member are as follows:

---

---

---

I further understand that there are also other remote risks that may be associated with this program. Despite the fact that a complete accounting of all these remote risks is not entirely possible, I am satisfied with the review of these risks which was provided to me and it is still my desire to participate.

I acknowledge that I have read this document in its entirety or that it has been read to me if I have been unable to read same.

I consent to the rendition of all services and procedures as explained herein by all program personnel and to the provision of emergency care response and CPR if necessary.

---

Date

---

Participant's Signature

---

Witness's Signature

---

Test Supervisor's Signature