

INFORMED CONSENT FOR GRADED EXERCISE TEST

In order to evaluate the state of my heart and circulation, I hereby consent to voluntarily engage in a graded exercise test. A health care provider has previously examined me, and the information obtained from the test will assess my cardiovascular status during exercise.

I understand the test will be performed on a treadmill. In each stage the speed and grade will increase. There is a possibility of fatigue and shortness of breath as the test progresses. I will continue exercising until my heart rate reaches 85 to 90 percent of the predicted maximum heart rate for my age, to _____ beats per minute. During the performance of the treadmill test, a physician and a trained technician will monitor my pulse, blood pressure and electrocardiogram.

I understand there is a risk of abnormal blood pressure, fainting, or heart arrhythmia (irregular heartbeats). The risk of a heart attack is rare. I also understand that every effort has been made to minimize these occurrences by the prior physical examination. I have been advised that emergency equipment and trained medical personnel are quickly available for emergencies.

I understand that the information, which is obtained from the graded exercise test, is confidential and will not be released without my written consent. The information obtained may be used for statistical or scientific purposes.

I have read and understand the information, and my questions have been answered to my satisfaction.

Signed _____
Patient's Signature

Date _____

Signed _____
Physician Supervising Test

Signed _____
Witness