

Thriving Life Clinic

VO2 Max Testing Consent

This test is designed to measure your aerobic fitness and how you utilize different fuels in your body. It is **not** a cardiac stress test but it is used to determine my circulatory and respiratory fitness and to screen my physical fitness. In the event that a medical clearance must be obtained prior to my participation in the exercise program, I agree to a medical consultation with Thriving Life Clinic or will provide a written letter from my doctor agreeing to appropriateness of the test.

This is a progressive and strenuous test. By signing this consent, I agree I have read the health history questions and do not have any affirmative responses to the questions on this form. I recognize that any failure to disclose my appropriate medical history could lead to possible unnecessary injury to myself. I understand that, during this test, intensity will gradually be increased until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, indicating to me that I should stop. I understand that I am responsible for monitoring my own condition throughout the exercise test and should any unusual symptoms occur, I will cease my participation and inform the staff of my symptoms.

You can stop the test voluntarily at any time.

I understand that the reaction of my heart, lungs, and blood vessels to such exercise cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following exercise which may include abnormalities of blood pressure or heart rate, ineffective function of the heart and in rare instances, heart attack or death. Blood pressure readings will be taken prior to the test, and if elevated, the test may be postponed. Your RPM, heart rate, blood lactate levels, and expiratory gases may be monitored during this test and you consent to this. The risks of this test include musculoskeletal injury, infection, difficult breathing, fainting, abnormal heart rhythm, elevated heart rate, or soreness.

In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the VO2 max testing. I also affirm that my questions regarding the

testing have been answered to my satisfaction. I agree to assume the risk of testing, and further agree to not hold Thriving Life Clinic and its staff members liable for any and all claims, suits, losses or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during or arising in any way from testing.

By signing this consent, I agree to the following conditions.

1. I have never had angina, a heart attack, or a myocardial infarction.
2. I do not have uncontrolled high blood pressure.
3. I have never had cardiac bypass surgery (CABG) or percutaneous coronary intervention (PCI).
4. I have never had a cardiac dysrhythmia, atrial fibrillation, aortic stenosis, aortic dissection, heart failure, pulmonary embolism, myocarditis, pericarditis, endocarditis, cardiomyopathy, coronary artery stenosis, pulmonary hypertension or AV block.
5. I do not feel pain in my chest at rest, during activities of daily living or when I do physical activity.
6. I do not lose my balance because of dizziness.
7. I do not have a bone or joint problem that severely limits my physical activity.
8. I am not currently taking prescribed medication for a chronic heart condition.
9. A doctor has never told me to only do medically supervised physical activity.

If you answered **YES** to any questions above, you must schedule a medical consultation with Dr. Mueller to discuss further before a VO2 max test is done.

Patient Signature

Date