



## INFORMED CONSENT FOR FITNESS EVALUATION

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### **Explanation of the fitness evaluation**

During your fitness evaluation, you will perform a series of fitness tests which will measure various physiological parameters including- blood pressure, heart rate, body composition, muscular strength, joint flexibility, and cardiorespiratory efficiency. The cardiorespiratory portion of the test will be measured through a sub-maximal bicycle ergometer test. Your Trainer may stop the test at any time if you exhibit unusual signs of fatigue, abnormal heart rate response, blood pressure changes, or personal discomfort.

### **Risks and discomfort**

There is the potential that certain physical changes may occur during your fitness evaluation. Changes may include abnormal blood pressure response, abnormal heart rhythm, fainting, feeling light-headed, and in rare instances, heart attack or sudden death. Every effort will be made to minimize that risk during the preliminary examination and by observation during the test. Trained personnel are available to assist you with any situation that may arise.

### **Benefits of a fitness evaluation**

The results obtained from the fitness evaluation will help us determine your current and fitness status. We'll use these results to develop a personalized exercise plan which will provide you with a safe and effective program to help you meet your goals. The evaluation will also be used to compare your results against future follow-up evaluations.

### **Right of Privacy**

The information obtained from this fitness evaluation will be confidential and will not be released to anyone without your expressed written consent. The information may be used for statistical or scientific purposes, with your right of privacy retained. You may also approve of periodic forwarding to your physician.

### **Inquiries**

Any questions about the procedures used in the fitness evaluation are welcome. If you have any questions, please let us know.

### **Freedom of consent**

Permission for you to perform this fitness evaluation is voluntary. You are free to deny consent if you so choose.

*I have read this form and I understand the test procedures that I will perform, and I consent to participation in the fitness evaluation.*

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Member Name and Date

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Worcester Fitness Staff Name and Date