

Authorization and Consent: VO2 MAX-Lactate Testing

INFORMATION STATEMENT

A fitness evaluation test will be performed. The test may determine:

1. Maximum oxygen uptake (VO2 Max)
2. Heart rate as power output or speed increases
3. Maximum heart rate
4. Training zones
5. Blood lactate levels as speed or power output increases

Before the test you will be screened by a physician experienced in exercise testing. During the test, you will ride your own bicycle mounted to a Computrainer or run on a treadmill. The test is a progressive and maximal test that is strenuous. Results depend on your ability to go as far as possible before voluntarily stopping the test. If you experience symptoms such as excessive fatigue, breathlessness, chest pain, muscle pain, or any other symptoms out of your ordinary, you will stop the test. If we are concerned about your well-being during the test, we will stop the test prior to maximum exercise level is obtained.

You can stop the test voluntarily at any time.

Blood pressure will be taken prior to the test and if elevated, the test may be postponed. We may measure your blood pressure during the test if indicated. Your RPMs, heart rate, power output in watts, blood lactate levels, and expiratory gases may be monitored during the test.

RISKS of testing include musculoskeletal injury, infection, breathing difficulty, fainting, abnormal heart rhythm, heart attack, anaphylaxis, and death.

BENEFITS of testing include assessment of fitness and development of training zones. The knowledge gained from the test facilitates development of a training program, evaluation and monitoring of training progress, and prevention of overtraining and injury.

CONSENT

Your signature on the line provided below indicates: **1.** you have read, understood, and agreed to all of the above statements; and, **2.** you had an opportunity to ask questions about the exercise test, the test has been adequately explained to you, and you have sufficient information regarding the test and its risks and benefits; and, **3.** your consent to take the exercise test is given voluntarily as you have the right not to take the test if you so choose.

I HEREBY CONSENT TO THE PERFORMANCE OF THE FITNESS TEST UNDER THE SUPERVISION OF:

Andrew Getzin M.D.

PHYSICIAN'S NAME

PATIENT'S SIGNATURE

WITNESS

PARENT OR GUARDIAN SIGNATURE, IF ATHLETE UNDER 18 YEARS

DATE

TIME