

Informed Consent

1. Purpose and Explanation – A medical-fitness assessment is a set of standardized fitness tests that are proctored by a certified medical-fitness technician. Each assessment involves a series of basic exercises. The objective of each assessment is to determine your physical functional capacity, generate an appropriate exercise prescription, and track your progress towards your personal fitness goals. Medical-fitness assessments are recommended every one to six months depending on your fitness level and training program.

2. Instructions – You are expected to modify each exercise to the best of your capability and to set your own pace to whatever intensity level is comfortable for you. You may stop your assessment at any time for any reason. Your technician may encourage you to slow down or may insist that you stop, depending on the signs of exertion or discomfort that you exhibit during your assessment.

3. Attendant Discomforts and Risks – There is the possibility of certain physiological changes occurring during your assessment. These include: shortness of breath, pounding heart beats, palpitations, dizziness, fatigue, impaired coordination, and in extremely rare instances, heart attack, stroke, or death.

4. Your Responsibilities – It is important for you to answer the screening questions accurately regarding any current symptoms, medical history, and recent pattern of physical activity. You are fully responsible for disclosing all symptoms that you experience during your assessment, such as: pain, shortness of breath, or pressure, tightness, and/or heaviness in your chest, neck, jaw, back, and/or arms.

5. Benefits to Be Expected – Upon completing your assessment, you will obtain a fitness score for different muscle groups and an appropriate exercise prescription. Your fitness scores reflect: Your functional capacity, the effectiveness of your fitness training program, and your progress towards your personal fitness goals.

If applicable, your doctor may use your fitness scores to better manage your sedentary-related medical conditions in conjunction with your on-going medical treatment. Aggregate medical-fitness assessment data will be used for the advancement of exercise science and lifestyle therapies.

6. Inquiries – You are encouraged to get any desired clarifications regarding your medical-fitness assessment from your medical-fitness technician. You can direct your doctor or personal trainer to get more information about the medical-fitness assessment as a therapeutic lifestyle change strategy by visiting www.MedFitTech.com.

7. Use of Personal Information – The information that is obtained during your assessment will be treated as privileged and confidential. It will not be released or revealed to any third party. Aggregate information will be used for statistical analysis and scientific research purposes while fully protecting your identity and right to privacy. You are always free to share your fitness scores and exercise prescription with anyone you choose to do so.

8. Freedom of Consent – Your voluntary participation in our medical-fitness assessment acknowledges that you have read this informed consent and accept the attendant discomforts and risks. You understand the purpose and procedures and that you may ask questions and get answers to your satisfaction. You also understand that you may stop your medical-fitness assessment at any time.

I have read the Informed Consent items above, and I choose to participate in the medical-fitness assessment.

I am less than 18 years old. My parent or legal guardian will confirm with my medical-fitness technician that he/she has read the Informed Consent items above, and that I have my parent's permission to participate.

Print Participant's Name: _____ Date of Birth: ____/____/____

Signature: _____ Today's Date: ____/____/____

Parent's Signature: _____ Phone #: _____