



Informed Consent for Exercise Testing

I hereby consent to engage voluntarily in the exercise testing at Crabbe Chiropractic in order to determine my circulatory and respiratory fitness. Before I undergo the fitness test, I certify that I am in good health and have had a physical examination within the last 12 months. I am told that the test I will undergo will be performed on a piece of cardiovascular equipment that suits my preference and comfort. 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 test conductor of my symptoms. 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 instance, heart attack or death. In signing this consent form, I affirm that I have read this form in its entirety and that I understand the nature of the exercise test.

(Print Name and Signature of Participant)

(Date)