



Fitness Assessment

Pre Test Instructions

- Wear comfortable, loose-fitting clothing for exercising.
- Drink plenty of fluids over the 24-hour period preceding the test to ensure good hydration.
- Avoid food, tobacco, alcohol, and caffeine for at least 3 hours before testing.
- Avoid exercise or strenuous physical activity the day of the test.
- Get an adequate amount of sleep (6 to 8 hours) the night before the test.

Informed Consent:

You will perform a basic Fitness Assessment, which includes a sub maximal cycle ergometer test, flexibility test, body composition analysis, and muscle fitness tests. During the cycle ergometer test, you will begin cycling at a fairly low level of intensity, which will be advanced during stages depending on your fitness level. The test may be stopped at any point if you feel any discomfort. It will be normal to feel heavier breathing and some muscle tightness. However, if you feel any dizziness, light-headedness, nausea, shortness of breath, chest discomfort, or any other discomforts the test will immediately be stopped. There exists the possibility of certain changes occurring during the test such as: abnormal blood pressure responses, fainting, irregular heart rhythms, and in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Emergency equipment and trained personnel are available to deal with unusual situations that may arise.

It is the responsibility of you as the participant to report any information regarding your health status, medical history, all medications, and symptoms that occur with exercise to our staff immediately. We hope to gain information about your current fitness capacity. This will help establish a personalized exercise program in all fitness components. Any questions about the procedures used during the exercise test or results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

I hereby consent to voluntarily engage in an exercise test to determine my exercise capacity. My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point, if I so desire.

Client Signature: _____

Date: _____