

PRINT & THOROUGHLY READ THESE DOCUMENTS

Please review the information below, to ensure you are prepared for your assessment.

- Verify fees for testing. **Fees can be paid by cash, check OR you may make a payment in advance via PayPal. Credit card payments via PayPal accrue a service fee.**
- You may be tested **on your bike**, using my trainer. Bring your bike, gear & water bottle. Please clean your rear wheel/tire. Mountain bikes must change out rear tire to a slick.
- You may be tested on a **CycleOps 300PT Indoor Cycle**. Bring your cycling gear & water bottle. The stationary bike has standard toe cages. You may bring your own pedals.
- You may be tested on a **Treadmill**. Bring your running gear and water bottle. Please clean your shoes. Treadmill test will include walking or running, based on fitness level.
- You may be tested on available exercise equipment. Please inquire.
- A heart rate monitor will be worn (provided)
- **NO SHOWS & CANCELLATIONS LESS THAN 24 HRS, WILL BE CHARGED \$50.00.**
- **CHILDREN are NOT allowed in the lab. Please make child care arrangements!**

Preparing for Your Fitness Assessment

To ensure that your fitness assessment is as accurate as possible, there are a number of guidelines you need to follow. Please follow the recommendations given below before your assessment:

1. Wear activity specific clothing such as cycling/running shorts and dry fit tops and cycling/running shoes.
2. Drink plenty of fluid 24 hours prior to your assessment.
3. Do not take in caffeine for 3 hours prior to test. Do not eat solid food within 2 hours prior to test. **Take medications as you would normally, prior to a training or race.**
4. Do not smoke or drink alcohol 12 hours prior to the test.
5. Do not perform strenuous activity on the day before or day of your test.
6. Get adequate sleep (8 hours) the night before the assessment.
7. Please reschedule if you have an upper respiratory infection or related health concern.
8. It is recommended that you consult a physician for medical clearance, prior to exercise.
9. You will be required to fill out a Health History & Consent form. (attached....please bring it with you)
10. Contact Angie Sturtevant if you have any questions or comments. 608.575.7457 or angie@vo2test.com

PARTICIPANT INFORMATION & HEALTH HISTORY FORM

All information given is personal and confidential. The information will enable us to determine clearance to participate in activity. Participant takes full responsibility to any inaccurate information given.

NAME: _____ SEX M F

Date of Birth ____/____/____ Age: _____ Weight **ACCURATE:** _____ Height _____

Address: _____ CITY _____ ZIP _____

Phone: __ (____) _____ Home Work Mobile

Email: _____ @ _____ • _____

EMERGENCY CONTACT: _____

TESTING EQUIPMENT Your Bike Stationary Bike Treadmill

Please circle 'yes' or 'no' All information is confidential.

1. Do you have known heart, vascular, lung, liver, kidney or thyroid disease?? ___No ___Yes, explain _____

2. Do you ever experience: (check applicable box) shortness of breath dizziness or fainting
difficult, labored or painful breathing irregular rapid pulse or heart rate
pain, discomfort, tightness or numbness in the chest

3. Are you currently taking medication? ___No ___Yes, list & explain _____

4. Have you ever been diagnosed with or had/have the following? (circle only those that apply)

- | | | | |
|---------------|------------------------|---------------------|-------------------------|
| heart attack | angioplasty | heart surgery | coronary artery disease |
| angina | hypertension | heart murmur | asthma |
| bronchitis | stroke | anemia | cancer |
| seizures | arthritis | eating disorders | epilepsy |
| blood disease | bone or joint injuries | high blood pressure | high cholesterol |
| allergies | diabetes | | |

Others not listed: _____

5. Have your first-degree relatives (parents, sisters, brothers, or children) developed heart disease or died at an early age (before 55 if male; before 65 if female)? ___No ___Yes
explain _____

6. Do you smoke? ___No ___Yes

7. Do you have a sedentary lifestyle? ___No ___Yes

8. Are you or "could" you be pregnant? ___No ___Yes

9. Are you breast feeding? ___No ___Yes

10. Are you menstruating today? ___No ___Yes

11. Do you take ephedrine or any other supplement? ___No ___Yes list _____

12. Are you currently under medical care? ___No ___Yes, explain _____

13. Do you know of any other reason why you should not do physical activities? ___No ___Yes, explain _____

My Signature certifies that all of the above is true.

Participant: _____ Date _____

RETURN @ Scheduled Test Time

INFORMED CONSENT

“I, _____, hereby consent to engage voluntarily in Assessment and/or Training services from Specialists in Sports Performance, INC. I understand that the testing or training will determine some or all of the following: VO2 Peak, Anaerobic Threshold, Peak Testing Heart Rate, Lactate Threshold and Metabolic Caloric Expenditure, using cardiovascular equipment and fitness equipment, including a bike, treadmill or other fitness equipment. I am being encouraged to seek medical clearance in order to perform Fitness Assessments or Training. I understand that during this test or training, intensity will gradually be increased until symptoms such as fatigue, shortness of breath, and discomfort may appear, indicating to me that I may need to stop. I understand that I am responsible for monitoring my own condition throughout the exercise test and will stop the test at any time I so desire. I understand that the reaction of my heart, lungs and blood vessels to such test cannot always be predicted with accuracy. I know there is a risk of certain abnormal changes occurring during or following the test which may include abnormalities of blood pressure or heart rate, ineffective function of the heart and in a rare instance, heart attack or death”.

“Before I undergo the Fitness Assessment or training, I hereby affirm that I am in good physical condition and do not suffer from any disability, which would prevent or limit my participation in this fitness assessment process. I further represent that I have completed the Health History form and have provided correct responses to the questions on this form. I recognize that my failure to provide accurate information could lead to possible unnecessary injury to myself.”

“In consideration of my participation in the Fitness Assessment or training, I agree to assume all risks. I further agree to take full responsibility for any damage caused to my personal property, including my bike & gear, as a result of testing, however caused. I further agree, for myself, my heirs and assigns, to hold harmless and release Specialists in Sports Performance INC and Angie Sturtevant, from any claims, demands and causes of action arising from my participation. I fully understand that I may injure myself as a result of my participation and I, for myself, my heirs and assigns hereby release Specialists in Sports Performance INC and Angie Sturtevant, from any liability now or in the future including, but not limited to heart attacks, death, muscle strains, pulls or tears, broken bones, shin splints, heat prostration, injuries to knee, lower back, foot and any other illness, soreness or injury and personal property damage, however caused, occurring prior, during, or after any participation in the Fitness Assessment process”.

“In signing this consent form, I affirm that I have read this form in its entirety and that I understand this form and the nature of the fitness assessment testing and training.”

Participant signature: _____
Dated: ____/____/____

RETURN @ Scheduled Test Time