



Cardiac Screening Permission Form And Waiver

Name: _____ Gender: _____ DOB: _____ Age: _____

Address: _____

Telephone: (____) _____ Email: _____

(To be completed by staff): Height: _____ Weight: _____ BMI: _____

I do hereby grant permission for _____ (name) to participate in the EKG screening and VO₂ max test in which he/she will receive an electrocardiogram and VO₂ max test. An electrocardiogram (EKG) is a non-invasive test that measures the electrical activity of the heart and can detect certain heart abnormalities. A VO₂ max test is a maximal exertion test. According to the *Guide to Cardiopulmonary Exercise Testing in Adults*, published on July 13, 2010, "Major complications of exercise testing include death, myocardial infarction, arrhythmia, hemodynamic instability, and orthopedic injury. Fortunately, adverse events are rare during properly supervised tests. Among large series of subjects with and without known disease, serious complications (including myocardial infarction and other events requiring hospitalization) have been reported to occur in ≈ 0.5 per 10000 tests, although the incidence of adverse events varies depending on the study population. The safety of CPX was evaluated among 2037 subjects who completed 4411 CPX in the HF-ACTION study. There were no deaths, and the rate of nonfatal major cardiovascular events was <0.5 per 1000 tests. Although the event rate is relatively low regardless of the patient population studied, complications resulting from exercise testing do occur. Consequently, it is essential that exercise test supervisory personnel be familiar with the clinical indications for the use of such testing, as well as the signs and symptoms of and clinical responses to adverse events, to minimize patient risk. The American College of Cardiology/American Heart Association clinical competence statement on stress testing outlines a series of cognitive skills necessary for performance, supervision, and interpretation of exercise tests." Risks for the screening test include the possibility of minor skin irritation and redness where the electrodes, neoprene, and latex are placed or come in contact with the body. **Initials:** _____

I understand that the information provided on these forms is, to the best of my knowledge, complete and correct. I understand and acknowledge that a finding from the cardiac screening is not a guarantee of good health and that participation in this cardiac screening cannot substitute for a consultation with a physician or other medical professional for any medical or health related condition or a regular physical examination. According to *ACC/AHA 2002 Update for Exercise Testing*, "Personnel who administer test and interpret results must be trained and proficient in this technique. Finally, the test requires additional cost and time, as well as patient cooperation." **Initials:** _____

In order to have the cardiac screening performed and to participate in the screening, I additionally release and waive all claims, actions, and causes of action that arise, have arisen, or otherwise may arise from this screening procedure against the Patriot Sports Cardiology, health care personnel and volunteers who are conducting or participating in this screening process, any vendors, sponsors, Patriot Performance, their officers, directors, employees, agents, volunteers, and representatives, from any claims, liability, or damages, including but not limited to personal injury or illness arising out of any physical, emotional, or mental injury or death that may occur in any way from participation in this program resulting from the negligence, breach of warranty, or strict liability of any persons associated with the cardiac screening. I further agree that neither I nor any of my heirs or personal/legal representatives will bring suit or make a claim for illness, injury, or death, resulting from the cardiac screening and that this release is binding upon my heirs, legatees, administrators and personal representatives. **Initials:** _____

I hereby assume full responsibility for risk of bodily injury, death or property damage and agree to indemnify and save and hold harmless the released parties and each of them from any loss, liability, damage, or cost they may incur due to any injuries, death or damages, whether caused by the negligence of the released parties or otherwise. Furthermore, the undersigned represent that I have carefully read and fully understand each and every term, condition, and paragraph of the provisions contained in this document. **Initials:** _____

Signature

Date