# Maximal Exercise Test Consent Form

**CONFIDENTIAL**

**Name:**

<table>
<thead>
<tr>
<th>Date of Birth:</th>
<th>Age:</th>
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<table>
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<tr>
<th>Sex:</th>
<th>Height:</th>
<th>Weight (lbs):</th>
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Please answer these questions truthfully and completely. The sole purpose of this questionnaire is to ensure that you are in a fit and healthy state to complete this exercise test.

1. **How would you describe your present level of activity?**
   - [ ] Sedentary
   - [ ] Moderately active
   - [ ] Highly active

2. **How would you describe your present level of fitness?**
   - [ ] Highly unfit
   - [ ] Moderately fit
   - [ ] Trained
   - [ ] Highly trained

3. **How would you consider your current body weight?**
   - [ ] Underweight
   - [ ] Ideal weight
   - [ ] Slightly overweight
   - [ ] Very overweight

4. **How often do you participate in vigorous activity?**
   - [ ] Less than once a month
   - [ ] Once a month
   - [ ] Once a week
   - [ ] Two or three times a week
   - [ ] Four or five times a week
   - [ ] More than five times a week

   a. **Please specify the types of activity in which you take part:**

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

5. **Do you suffer, or have you ever suffered from any form of heart complaint?**
   - [ ] Yes
   - [ ] No

   a. **If yes, please describe:**

   __________________________________________________________
   __________________________________________________________

6. **Do you suffer, or have you ever suffered from:**

   a. **Asthma**
   - [ ] Yes
   - [ ] No

   b. **Diabetes**
   - [ ] Yes
   - [ ] No

   c. **Bronchitis**
   - [ ] Yes
   - [ ] No

   d. **Epilepsy**
   - [ ] Yes
   - [ ] No

   e. **High blood pressure**
   - [ ] Yes
   - [ ] No

   f. **Breathlessness**
   - [ ] Yes
   - [ ] No

   g. **Chest Pain**
   - [ ] Yes
   - [ ] No

   h. **Dizzy Fits/Fainting**
   - [ ] Yes
   - [ ] No

   i. **Heart Murmurs**
   - [ ] Yes
   - [ ] No

   j. **Palpitations**
   - [ ] Yes
   - [ ] No

   k. **If yes to any of the above, please describe:**

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
7. Smoking Habits
   □ Never Smoked   □ Not for > 6 months   □ Occasional smoker   □ Smoke < 10 cigarettes/day   □ Smoke > 10 cigarettes/day

8. Is there a history of heart disease in your family? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________
   ____________________________________________________

9. Are you currently taking any form of medication (women see #15)? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________

10. Do you have any form of muscle or joint injury? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________

11. Have you suffered from a bacterial or viral infection in the last two weeks? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________

12. Have you had cause to suspend your training in the last two weeks for a physical reason? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________

13. Is there any reason why you should not be able to successfully complete tests which require maximum effort? □ Yes  □ No
   a. If yes, please describe:
   ____________________________________________________
   ____________________________________________________

14. Women: Do you have regular menstrual cycles (~28 d) or on an OCP? □ Yes  □ No
   a. Type of OCP (name): _______________________________
   b. Day of pill/day of cycle: _______________________________
   c. Date of last period: _______________________________

________________________________________
Signature of Participant: __________________________
Date: __________________________________________

________________________________________
Signature of Sports Scientist: __________________________
Informed Consent

The full details of the test(s) have been explained to me. I am clear about what will be involved and I am aware of the purpose of the tests, the potential benefits, and the potential risks.

I know that I am not obligated to complete the test(s). I am free to stop the test at any point and for any reason.

The tests results are confidential and will only be communicated to others with my approval.

Please initial below, if you are willing to have your results used confidentially for research purposes only _______________________

I have no injury or illness that will affect my ability to successfully complete the test(s).

______________________  ______________________
Signature of Participant: Date:

______________________
Signature of Sports Scientist: