



# Y-Be-Fit

## Informed Consent for Physical Fitness Tests



### Explanation of the Tests

The cardiorespiratory endurance test is performed on a treadmill. The workload is a comfortable but brisk walking pace – this is not a maximal effort test. You may stop the test at any time for whatever reasons. This test estimates your functional (aerobic) capacity. The “Bod Pod” will measure your body composition. This procedure requires you to sit in a body-sized capsule with your hands in your lap. During the test you relax and breathe normally. This test provides an accurate assessment of your body composition within 2-4% of actual. For muscle fitness, you will perform a sub maximal bench press and leg press for a maximum of 10 repetitions each. These tests assess the strength of the major muscle groups in the body. The sit-and-reach test evaluates flexibility. This test measures the range of motion in your joints. Four different tests will be used to evaluate back health. These tests include sit-up, leg raise, lateral lift, and hip flexibility.

### Risks and Discomforts

During the cardiorespiratory endurance test, certain changes may occur. These changes include abnormal blood pressure, fainting, irregularities in heartbeat, and in rare instances heart attack or stroke. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by observations during testing.

You may experience some discomfort while in the “Bod Pod”, especially if you are fearful of small-enclosed areas. The capsule you sit in has a window to let light in and to allow you to see out. The administrator of the test will be in sight during the entire test. In the bottom left-hand corner of the seat is a red panic button if you feel uncomfortable at any time during the test. The door will be shut for 45 seconds for each reading; there are two or three readings taken. You will sit with your hands in your lap and try to relax and breath normally. During the test you will hear two popping noises, these are normal and are part of the test. You will need to wear a swimsuit (women) or spandex shorts (men). You will also be wearing a swim cap. You will not be getting wet; this is a passive test. If necessary, alternative procedures (e.g., skin fold techniques) are used to estimate body composition.

There is a slight possibility of pulling a muscle or spraining a ligament during the muscle fitness and flexibility testing. In addition, you may experience muscle soreness 24 to 48 hours after testing.

### Responsibilities of the Participant

Information you possess about your health status or previous experiences of unusual feelings with physical effort may affect the safety and value of your exercise tests. Your prompt reporting of feelings with effort during the exercise test are of great importance. You are responsible to fully disclose such information to the testing staff.

### Expected Benefits From Testing

The results of these tests inform you of your present level of physical fitness and how you compare to others of your same gender and age group. It also allows the prescription of a safe and effective exercise program for you. The information based on the observations made during the exercise testing sessions will be treated as privileged and confidential; however, it may be used for a statistical or scientific purpose with your right of privacy retained.

### Inquiries

Questions about the procedures used in the physical fitness tests are encouraged. If you have any questions or need additional information, please ask us to explain further.

### Freedom of consent

Your permission to perform these exercise tests is voluntary. You are free to deny consent or stop the tests at any point, if you so desire.

### Refund Policy

Should you choose not to participate, a full refund will be given if requested prior to the initial assessment (e.g., lipid profile, nutritional, and all other physical tests).

### Active participation Policy

Y-Be-Fit will keep files of active participants in the program. Participants who miss appointments or fail to set appointments will not be granted additional follow-up counseling sessions. The 3-month follow-up period will not be extended.

**I have read this form and I understand the testing procedures that I will perform. I consent to participate in these tests.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date