



College of St. Scholastica
Department of Exercise Physiology
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Participant (Print Name)

Date (MM/DD/YYYY)

Informed Consent for Fitness Assessment (City of Duluth Health Fair)

Purpose and Background. I volunteer for this fitness assessment which is being done to evaluate my overall level of fitness and health. The primary benefit of this assessment is a better understanding of my overall health, fitness, and wellness and an awareness of the areas in which improvement is needed as well as those that are already in a healthy range. This assessment is being performed by exercise physiology graduate students from the College of St. Scholastica (CSS) under the supervision of faculty member Joe Warpeha, PhD (Exercise Physiology Department). Before I begin the assessment, I will have an interview, I will complete a preparticipation screening questionnaire/medical history form, and I will be examined (resting heart rate and blood pressure) to determine if I have a condition which would indicate that I should not perform some or all of the tests. I understand that it is crucial that I complete the interview and preparticipation screening questionnaire/medical history form honestly and to the best of my knowledge. I understand that I am free to terminate any portion of this assessment at any point without penalty to me. If, in the initial blood pressure assessment, it is found that my blood pressure is too high (i.e., greater than or equal to 160/100 mmHg), I understand that I will not be allowed to participate in the assessment.

Fitness Assessment. The tests performed in the fitness portion of the assessment include height (self-reported) and weight (measured), resting heart rate and blood pressure, body composition (i.e., percent body fat), flexibility, muscular strength and endurance, and cardiovascular fitness. Body composition analysis will be performed using the bioelectrical impedance technique (also known as BIA) and involves using a handheld device that passes a weak [undetectable] electrical signal through the body. The flexibility test will assess trunk flexibility which looks at range of motion in the back, hip, and ankle joints and represents the flexibility of the hamstrings, low back, and calves. The trunk flexibility test involves sitting on the floor with the feet up against the measuring device followed by bending forward in an attempt to reach as far as comfortably possible with outstretched arms. This movement is similar to bending over and trying to touch one's toes. People with osteoporosis, musculoskeletal injury related to the muscles/joints involved in the test (e.g., low back pain/injury), and/or significant belly fat should not perform the trunk flexibility test (also known as the sit-and-reach test). A pushup test will be performed to evaluate upper body muscular strength and endurance. This test involves performing a maximal number of pushups in either the standard position (hands and feet as ground contact points for men) or the modified position (hands and knees as ground contact points for women). The pushup test requires participants to go down until their chin touches the mat. People with hand, wrist, elbow, and/or shoulder injuries should not perform the pushup test. The core muscular endurance test involves holding a front plank/bridge position for maximal time. People with elbow, shoulder, and/or low back injuries/pain may not want to perform the plank/bridge test because it puts stress on these areas. A handgrip test will be performed to measure the maximal strength of each hand in a squeezing movement. This test involves grasping the handgrip device and squeezing as hard as possible for a brief period of time. People with finger, hand, wrist and/or certain elbow injuries should not perform the handgrip test. Aerobic/cardiovascular fitness will be assessed by stepping on and off of a 12-inch step at a specific pace (i.e., 24 steps per minute) for three minutes. The participant will be cued on the proper pace throughout the test by an audible beeping sound. Immediately following the test, the participant will sit down as the test administrator counts the number of times the heart beats (using the artery in the wrist or neck) in the 60 seconds following the test. People with balance issues, vision impairment, extreme leg weakness and/or deconditioning, osteoporosis, lower body orthopedic problems (e.g., feet, ankles, knees, hips), those with a pacemaker or those on heart rate altering medications (e.g., beta blockers for high blood pressure), and/or those who are at increased risk of falling should not perform the step test.

Risks. Should unusual symptoms develop (e.g., chest discomfort, unusual shortness of breath, fatigue, etc.), or should there be any abnormal responses to exercise, testing will be terminated. Certain changes in body function take place when any person exercises or performs physical activity. Some of these changes are normal and others are abnormal. The following are potential risks associated with the various tests that will be performed: muscle fatigue, injury, and/or soreness; falling and/or bone fracture; nausea and/or vomiting; and lightheadedness, dizziness, and/or fainting. Abnormal changes may occur in blood pressure. A very rapid or very low heart rate may occur. All exercise and physical activity carries a very small risk of heart attack, stroke, and, in rare instances, even death. Every effort will be made to minimize possible problems by the preliminary examination and constant surveillance during testing. Equipment and trained personnel are available to deal with unusual situations should they arise. In the event of an injury, first aid will be provided. A cardiac defibrillator is available in the Duluth Entertainment and Convention Center (DECC) and an emergency response team generally takes less than 10 minutes to reach the location. First responders will be on-site at the Health Fair. I understand that if additional medical care is necessary, payment must be provided by me or my third party payer (e.g., my health insurance provider).

Confidentiality. The information which is obtained will be treated as a confidential medical record and will be seen only by the testing personnel. All information will be securely stored and destroyed after 5 years.

Release of Claims and Liability. In consideration for being allowed to participate in this wellness assessment, I agree to assume the risk of such testing, and further agree to hold harmless the City of Duluth and its Wellness Coordinator as well as the College of St. Scholastica and its students and staff/faculty members conducting such testing from any and all claims, suits, losses, or related causes of action for damages, including, but not limited to, such claims that may result from my injury or death, accidental or otherwise, during, or arising in any way from, the fitness assessment program.

I have read the foregoing, understand it, and my questions have been answered to my satisfaction. I understand that I may ask additional questions at any time and that I am free to discontinue the assessment at any time. By signing this informed consent, I acknowledge that I am aware that exercise physiology graduate students, supervised by a CSS faculty member who is a certified exercise physiologist, will be conducting the assessments.

Signature of Participant

Date Signed

The above participant has been examined by us today and we found no contraindications to participating in the assessments and tests described above. He/she has been given the opportunity to have his/her questions about the tests answered.

Signature of Test Administrator #1

Date Signed

Signature of Test Administrator #2

Date Signed

 Check this box if you want a copy of your signed informed consent sent to you and include your email address below.
