

**South Denver Cardiology Associates, P.C.**  
**Consent Exercise EKG Test**

I, \_\_\_\_\_, authorize Dr. \_\_\_\_\_ and/or his assistant to administer the exercise evaluation. This study is designed to measure my fitness for work and/or sport, to determine the presence or absence of significant limitation related to my heart or lungs and to help in the evaluation of the effectiveness of my current medications.

I understand that I will either walk on a motor driven treadmill or ride a stationary bicycle. During the performance of physical activity my electrocardiogram will be monitored and blood pressure will be measured and recorded periodically. Exercise will be progressively increased until I attain a predetermined end point, or become distressed in any way or develop any abnormal response the physician considers significant, whichever of the above comes first.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk. However, I understand that just as with other types of diagnostic tests there are potential risks (approximately 3 to 4 events per 10,000 tests) associated with an exercise test. These risks include episodes of transient lightheadedness, fainting, chest discomfort, leg cramps and very rarely heart attacks or sudden death. I further understand that the clinic is properly equipped for such situations and that its professional personnel are trained to administer any emergency care necessary. I voluntarily accept the risks associated with the above procedure.

\_\_\_\_\_  
(Signature of Patient)

Witness: \_\_\_\_\_

Date: \_\_\_\_\_