



# Pre-exercise health information & consent form

## 1. PERSONAL DETAILS

Surname ..... First Name .....

Address .....

..... Phone (mob) .....

DOB ..... Age .....

Email .....

In order for you to participate in this strenuous physical test you are required to print this form and complete the following questionnaire in full. If you answer YES to any of the below questions, you must speak to your doctor AND receive a medical clearance before the test.

You must inform your doctor of the following:

- i. Which questions you answered yes
- ii. Your intent to participate in a strenuous physical test that may involve maximal exertion and ensure the doctor understands the test procedures.

If your circumstances change in the future resulting in you answering YES to any of the questions below, you must also seek further guidance from a doctor.

### Explanation of Test Procedure (*using AIS protocol*)

**Power Profile test** This test involves intense exercise (cycling) on a stationary bike over a series of incremental time intervals. These intervals consist of 2 x 6sec standing sprints, followed by a 15sec effort, 30sec effort, 60sec effort, 4min effort and a 10min effort, each with rest periods in between. The test data you will receive includes your mean and maximum power, power/weight calculations, cadence, left/right leg power comparatives, maximum heart rate as well as a comparison of each effort against an AIS test pool of data. Each effort requires the athlete to pedal to a near exhaustive level. Blood samples are NOT taken during this test.

**Power / Lactate / Heart rate test.** This test involves intense exercise (cycling) on a stationary bike and may last for up to 40 minutes in a laboratory setting, depending upon your "fitness". The test concludes when you can no cycle at the required power level (exhaustion). This test is incremental in nature with progressive stages of 3 minutes in duration. Blood samples to ascertain lactate levels and heart rate are measured at the conclusion of each stage.

There is some discomfort associated with intense exercise. You may feel tired for a period of time after the test. There is also risk associated with this procedure, that you may experience unpleasant symptoms including (but not limited to), light headedness, dizziness, nausea and fainting.

**Blood Samples (skin prick).** Blood samples involve using a lancet to prick the skin on your finger. The resulting drop of blood will be analysed for lactate concentration. This is a simple procedure and causes only minor discomfort. If you have any concerns, please ask the person taking the sample to fully explain the procedure to you. There is risk associated with this procedure, that you may experience unpleasant symptoms including (but not limited to), light headedness and fainting. Please note that you can decide to do the power and heart rate test without blood samples.



**2. MEDICAL HISTORY**

How long since you're last medical checkup? .....  
Doctors Name .....  
Are you taking any prescribed medication? .....  
YES / NO .....  
Major Injuries/Surgery .....  
YES / NO .....

**3. LIFESTYLE**

a) How do you consider your diet? GOOD / ADEQUATE / APPROPRIATE / POOR  
10.....7.....5.....3.....2.....0  
b) How do you rate your stress level? HIGH / MODERATE / LOW  
10.....7.....3.....0  
c) Do you smoke? YES / NO How many per day.....

**4. EXERCISE BACKGROUND**

How long since you have participated in regular exercise? (maintained an elevated heart rate for at least 30mins three times/week)

- > 12 months
- <12 months > 6 months
- <6 months > 3 months
- < 3 months
- Currently exercising

If you are currently cycling, how often per week would you ride and for what duration?

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What activities outside cycling do you currently participate in and how often? (ie, gym, running, swimming, etc)

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**5. GOALS & OBJECTIVES**

What do you want to achieve from your cycling? (ie. Improve general fitness level)

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### Specific Pre-exercise Questions

1.	Has a doctor ever said that you have a heart condition and that you should only do physical exercise recommended by a doctor?	Yes/No
2.	Do you feel pain in your chest when you do physical activity?	Yes/No
3.	In the past month, have you had chest pain when you were not doing physical activity?	Yes/No
4.	Do you lose your balance because of dizziness or do you ever lose consciousness?	Yes/No
5.	Do you experience unusual shortness of breath when you do physical activity?	Yes/No
6.	Is your doctor currently prescribing drugs for any condition (eg. blood pressure or heart condition)? Details.....	Yes/No
7.	Are you a male 45 or over, or a female 55 or over?	Yes/No
8.	Is your seated blood pressure (./ mmHg) above 140/90?	Yes/No
9.	Do you have a family history of heart attack?	Yes/No
10.	Do you smoke?	Yes/No
11.	Has a doctor ever said that you have high cholesterol?	Yes/No
12.	Are you obese (BMI > 30 or waist girth > 100 cm)?	Yes/No
13.	Are you sedentary (ie. you do exercise only 3 x 20min each week)?	Yes/No
14.	Do you have a bone or joint problem that could be made worse by a change in your physical activity?	Yes/No
15.	Do you have asthma?	Yes/No
16.	Do you know of any other reason why you should not do physical activity?	Yes/No

1 - 8	If any answer is "Yes", then regardless of all other answers, the athlete needs medical clearance before doing <u>any</u> exercise
7	If the answer is "Yes, then the athlete needs medical clearance before any vigorous exercise
8 - 13	If the answer is "Yes" to two or more questions, then the athlete needs medical clearance before any vigorous exercise
14 - 16	Use your discretion. Don't allow anyone to put their health at risk.

"I have answered yes to one or more questions above. I have discussed the testing requirements with a qualified medical practitioner and I have been given a medical clearance to participate in the following test:

- Power/Lactate/Heart rate test
- Power & Heart rate test (excluding blood lactate samples)
- Power Profile test



Any Other Relevant Information

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I intend to engage in a strenuous testing procedure. I acknowledge that this activity involves certain risks and I understand that by participating in this test that I voluntarily assume these risks.

In consideration of being tested I hereby release and forever discharge Kelly Cycle Coaching from any claims, demands, or causes of action relating to or arising from my presence or participation in a testing procedure, which may result in injury to me or even death. I intend this release to bind my heirs, executors, assigns, administrators, personal representatives, and myself.

**SIGNATURE OF ATHLETE** .....Date:.....

**SIGNATURE OF GUARDIAN** .....Date:.....  
**(If athlete is under 18 years old)**

**Assessor's Name:** ..... **Signature:** ..... **Date:** .....