

INFORMED CONSENT FORM

The undersigned hereby gives informed consent to engage in a series of procedures relative to taking a battery of exercise tests, and participating in a variety of physical activities. The purpose of the testing is to determine physical fitness, cardiovascular function, and health status. All exercise testing and physical activity sessions will be monitored. These activities include walking, running, and calisthenic exercises performed in either field or gymnasium settings.

There exists the possibility that certain detrimental physiological changes may occur during exercise and exercise testing. These changes could include heat related illness, abnormal heartbeats, abnormal blood pressure, and in rare instances, a heart attack. If abnormal changes were to occur, the staff has been trained to recognize symptoms and take appropriate action, including administering CPR and first aid.

I have read this form and understand that there are inherent risks associated with any physical activity and recognize it is my responsibility to provide accurate and complete health/medical history information. Furthermore, it is my responsibility to monitor my individual physical performance during any activity.

I give informed consent for testing data to be obtained to determine my state of physical readiness as it applies to the essential job functions of a Police Officer for the Tredyffrin Township Police Department.

APPLICANT SIGNATURE

DATE

APPLICANT PRINT NAME