

Merrimack Valley Cardiology Associates, Inc.

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CONSENT FOR EXERCISE TOLERANCE TESTING

PATIENT NAME:

DATE:

I, _____, authorize _____ under the supervision of an MVCA cardiologist, to administer and conduct an exercise stress test. This test is designed to measure my fitness for work and/or sport, to determine the presence or absence of clinically significant heart disease and/or to evaluate the effectiveness of my current therapy.

I understand that I will walk on a motor-driven treadmill. During the performance of physical activity, my electrocardiogram will be monitored and my blood pressure will be measured and recorded at periodic intervals. Exercise will be progressively increased until I attain a predetermined end point or until I become distressed in any way or develop any significant abnormal response. I understand that I may, however, stop the testing at any time if I so desire.

Every effort will be made to conduct the test in such a way as to minimize discomfort and risk, but I understand that just as with other types of diagnostic tests, there are rare but potential risks associated with an exercise test which include fainting, falling, irregular heart beat, and very rarely, heart attack or death. Precautions for your safety will be observed at all times. Professional staff will be present during testing and emergency treatment will be available if it becomes necessary. A cardiologist is available at all times should a problem arise.

I voluntarily agree to engage in an exercise test. All my questions have been answered to my satisfaction.

Patient Signature / Date

The preceding consent was read, discussed and signed in my presence and in my opinion the person so signing did so freely and with full knowledge and understanding.

Witness Signature / Date