

Grossmont College
Cardiovascular Technology Program

Medical Release Form

Notice of Informed Consent:

I understand that as a participant in the Cardiovascular Technology Program I will be expected to both **utilize medical diagnostic equipment** and serve as a **demonstration subject** in medical diagnostic tests. Information regarding my personal health status will be made public to the student population as a result of the above-stated volunteer activities. Any abnormal results revealed from an existing medical condition are cause for my consultation with a licensed medical doctor, but are **not** in any way the responsibility of the Cardiovascular Technology Program or Grossmont College.

I also understand that as part of my volunteer activities I may participate in exercise-related studies which will create stress on my cardiovascular system. This type of study is designed to:

1. Detect any limitation to exercise related to the heart or lungs
2. Detect the presence of rhythm disturbances in the heart
3. Evaluate my fitness capacity for work or recreation
4. Evaluate the effectiveness of my current medications

I understand that either a motor-driven treadmill or stationary bicycle will be utilized to create exercise conditions. During the test my electrocardiogram will be monitored, along with my blood pressure. The exercise will be progressively increased until either I reach a predicted endpoint for my age, sex and size **or** until I can no longer continue, whichever condition occurs first.

I understand that every effort will be made to minimize discomfort and any associated medical risk. Potential risks include episodes of transient lightheadedness, fainting, chest discomfort, leg cramps, and very rarely heart attacks. Major risks requiring hospitalization are rare, occurring approximately every 3 events per 10,000 tests. I further understand that the laboratory **is not equipped** with emergency resuscitation equipment and I must be in good overall health to participate in any exercise stress testing.

I voluntarily accept the risks associated with the above procedures, and approve that my medical data will be made public among the student participants in this program for the purpose of education.

Signed

Print Name

Witness

Date