

**How to Prepare for *Functional* Healthy Heart Evaluation**

1. Wear comfortable, loose-fitting clothing for accurate testing. (Also, you may sweat a little.)
2. **3 DAYS prior**(before the test) - Avoid any added salt & high salt foods, & eat your typical diet.
3. **3 DAYS prior** – Drink 8 glasses of water per day.
4. **24 hours prior** – No caffeine, no alcohol, no Diuretic medications (unless prescribed)
5. **3 hours prior** – No Food, No Exercise, No Bathing (that’s right)
6. **Collect first-morning urine** (First morning (4am or later) ‘clean catch’- urinate first in toilet then no more than 50ml in the cup.) – Use our preservative or refrigerate in clean cup.
7. **Women** – For most accurate testing, body composition is done when not on period.
8. Sign the Informed Consent below and bring with you.

**Informed Consent for Cardiovascular Fitness Test**

I hereby voluntarily give consent to engage in a fitness test. I understand that the cardiovascular fitness test will involve progressive stages of increasing effort and that **at any time I may terminate the test for any reason.** I understand that during some tests **I may be encouraged to work at maximum effort and that at any time I may terminate the test for any reason.**

I understand there are certain changes which may occur during the exercise test. They include abnormal blood pressure, fainting, disorders of heart beat, and very rare instances of heart attack.

**I understand that I am responsible for monitoring my own condition throughout testing, and should any unusual symptoms occur, I will cease my participation and inform the test administrator of the symptoms.**

Unusual symptoms include, but are not limited to: **chest discomfort, nausea, difficulty in breathing, and joint or muscle injury.**

Also, in consideration of being allowed to participate in the fitness tests, I agree to assume all risks of such fitness testing, and hereby release and hold harmless **Central Valley Chiropractic** and their agents and employees, from any and all health claims, suits, losses, or causes of action for damages, for injury or death, including claims for negligence, arising out of or related to my participation in the fitness assessments.

I have read the foregoing carefully and I understand its content. Any questions which may have occurred to me concerning this informed consent have been answered to my satisfaction.

Participant name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Witness name: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_