



California Heart & Vascular Clinic  
Athar Ansari, M.D., INC. Cardiology  
790 W. Orange Ave., Ste. B  
El Centro, CA 92243

Phone: (760) 353-3222  
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## TREADMILL CONSENT FORM

In order to determine an appropriate medical management plan I hereby consent to voluntarily engage in an exercise test to determine the state of my heart and circulation. The information thus obtained will help my physician in advising me as to the activities in which I may engage.

Before I undergo the test, I will have an interview with a physician. I will also be examined by the physician to determine if I have any condition which would indicate that I should not engage in this test.

The test which I will undergo will be performed on a treadmill with the amount of effort increasing gradually. This increase in effort will continue until symptoms such as fatigue, shortness of breath, or chest discomfort may appear, which would indicate me to stop the test.

During the performance of the test, a physician or his trained observer will keep under surveillance my pulse, blood pressure and electrocardiogram.

There exists the possibility of certain changes occurring during the test. They include an abnormal blood pressure, fainting, disorders of heart beat, too rapid, too slow or ineffective and in very rare cases a heart attack. Every effort will be made to minimize these adverse reactions by having emergency equipment and trained personnel available to deal with unusual situations which may arise.

The information which is obtained will be treated as privileged and confidential and will not be released or revealed to any person without my expressed written consent. The information obtained, however, may be used for a statistical or scientific purpose with my right of privacy retained.

I have read the foregoing and I understand it and any questions which may have occurred to me have been answered to my satisfaction.

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Patient Signature

Athar M. Ansari, M.D

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Supervising Physician

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Date

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Witness Signature



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## CONSENTIMIENTO PARA TREADMILL

Con el fin de determinar un plan de mantenimiento con respecto a mi salud estoy de acuerdo a someterme a un examen a base de ejercicio fisico el cual le permitira a mi doctor aconsejarme con respecto a mis actividades diarias.

Antes de someterme a dicho examen sere examinado por un doctor para determinar la posibilidad de alguna contradiccion de someterme al mismo. Este examen consistira en caminar en una banda al cual aumentara de velocidad e inclinacion gradualmente hasta que sintomas de fatiga o falta de respiracion indique que debo de suspender el ejercicio.

Un Cardiologo estara presente durante el examen para checar mi pulso, latidos del corazon y electrocardiograma.

Existe la posibilidad de que se surjan ciertos cambios durante el transcurso del examen como presion sanguinea anormal, desmayo, desordenes de el ritmo del corazon, y en muy raras ocaciones ataques de corazon, pero entiendo que se tomaran precauciones para eliminar dicha posibilidad.

Equipo de emergencia y personal especializado estan disponibles en caso que sea necesario.

La informacion que se obtenga de dicho examen sera confidencial y no se le proporcionara a nadie sin mi consentimiento por escrito, pero podra usarse para estadisticas y propositos cientificos.

Entiendo lo anterior y cualquier pregunta al respector se me ha sido contestada satisfactoriamente.

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Firma del paciente

Athar M. Ansari, M.D

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Medico

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Fecha

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Testigo