MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION	*(Sign each entry)*

Use of Medical Records

The information that is obtained during your Army Wellness Center (AWC) visit will be treated as privileged and confidential as described in the Health Insurance Portability and Accountability Act of 1996. It is not to be released or revealed to any person except your referring physician without your written consent. However, the information obtained may be used for statistical analysis or scientific purposes with your right to privacy retained.

As part of your AWC visit, you will enter health assessment review information into the Soldier Fitness Tracker (SFT). The AWC educator will also enter information and results from your visit into the SFT. Your electronic medical record will be used by the AWC educator to reference and document, in SFT, laboratory results and health risk information that specifically applies to your AWC visit. A summary of your visit will be posted into your electronic medical record.

Date: _____ Signature of Participant: _____

Exercise Testing Informed Consent

Purpose and Explanation of the Test: You will perform an exercise test on a cycle ergometer or a motor-driven treadmill. The exercise intensity will begin at a low level and will be advanced in stages depending on your fitness level. We may stop the test at any time because of excessive fatigue, changes in your heart rate, blood pressure, or any other symptoms that cause concern. You may stop the test at any time if you experience pain or any other discomfort.

Attendant Risks and Discomforts: There exists the possibility of certain changes occurring during the test. These include abnormal blood pressure; fatigue; irregular, fast, or slow heart rhythm; and, in rare instances, heart attack, stroke, or death. Every effort will be made to minimize these risks by evaluation of preliminary information relating to your health and fitness and by careful observations during testing. Trained personnel are available to deal with unusual situations that may arise.

Responsibilities of the Participant: Information you possess about your health status or previous experiences of heart-related symptoms (e.g. shortness of breath with low-level activity, pain, pressure, tightness, heaviness in the chest, neck, jaw, back, and/or arms) with physical effort may affect the safety of your exercise test. Your prompt reporting of these and any other unusual feeling with effort during the exercise test itself is very important. You are responsible for fully disclosing your medical history, as well as symptoms that may occur during the test. You are also expected to report all medications (including nonprescription) taken recently and, in particular, those taken today, to the testing staff.

Benefits to Be Expected: The results obtained from the exercise test will be evaluated to determine your overall fitness level and to assist in developing an exercise program. Exercise testing does not entirely eliminate any risk associated with the proposed exercise program.

Inquiries: Any questions about the procedures used in the exercise test or the results of your test are encouraged. If you have any concerns or questions, please ask us for further explanations.

Consent: My permission to perform this exercise test is given voluntarily. I understand that I am free to stop the test at any point if I so desire. I have read this form, and I understand the test procedures that I will perform and the attendant risks and discomforts. Knowing these risks and discomforts, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in this test.

Date: _____ Signature of Participant: _____

Date: _____ Signature of Witness: _____

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART/SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/IID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	*REGISTER NO.*	WARD NO.