



EKG WAIVER FORM

NEO Endurance Sports & Fitness, LLC
629 Saber Creek Dr
Monument, CO 80132
Phone: (719) 235-8209
Email: nicole@neoendurancesports.com

The patient named below has requested a sub-maximal lactate threshold exercise test. Due to age or risk factors for heart disease of the patient, it is common for EKG tests to be performed at the same time. However, and EKG is not available therefore we are requesting consent from the patient's treating practitioner if they believe this to be unnecessary. Please review this form in its entirety and complete.

Please feel free to contact us with any questions you may have. Thank you.

In order for NEO Endurance Sports & Fitness to test the patient without EKG, the following form must be completely filled out by the patient's physician.

Patient Name: _____ Date of Test: _____

Patient Date of Birth: _____

Physician Printed Name: _____

Physician Office Phone Number: _____

Physician Office Address: _____

Physician Medical License Number: _____

By signing below, I understand that the patient named above will be performing a sub-maximal exercise (lactate threshold) test. The patient has elected to have this test performed to evaluate athletic performance and is not intended to evaluate or diagnose cardiovascular disease. I agree that I have sufficiently evaluated this patient for cardiovascular disease, and do not believe that there are any contraindications for this patient to perform a sub-maximal exercise test, without EKG monitoring, and with no physician present.

Physician Signature

Date