



PHYSICAL CAPACITY PROFILE®
INFORMED CONSENT

I understand I am going to perform a series of strength and ability tests. I understand specific instructions will be given prior to each test. I understand the strength tests will be measured with a dynamometer. I understand I should exert maximum effort on each of the tests. I will be instructed when to start my exertion and when to stop. I understand that I need to exert my effort slowly that I am not to perform the strength tests as fast as possible. I understand that I am to stop the testing procedure if I feel any pain. If, I begin to feel any pain, I understand that I should stop the test immediately. Inform the person administrating the test. If I am doing anything incorrectly, I will be stopped. I understand that if I feel I am unable to perform a test I am to inform the person administrating the test. If I have any medical condition that would prohibit or limit my ability to perform a test, I am to inform the person administrating the test.

I further acknowledge that I have received a copy of Twin Rivers Urgent Care's Notice of Privacy Rights.

Applicant's Signature:

Print Name:

Social Security Number:

Date: