

Kennesaw State University

High Intensity Body-weight Circuit Training Feasibility and Efficacy for Improving Metabolic Profile, Body Composition, and Health-Related Fitness in Middle Aged Persons with Type 2 Diabetes

Subject Consent & Health Care Provider Authorization Form

I hereby authorize the health care provider named below to complete this form for the purpose of expressing the appropriateness of my participation in the research study, "High Intensity Body-weight Circuit Training Feasibility and Efficacy for Improving Metabolic Profile, Body Composition, and Health-Related Fitness in Middle Aged Persons with Type 2 Diabetes."

Subject's Name: _____ DOB: _____

Subject's Signature: _____ Date: _____

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Physician's Name: _____

Physician's Address: _____

Physician's Phone: _____ FAX #: _____

The above named person is capable of safely performing vigorous activity, free of serious medical problems, between the ages of 40 and 65 years, have been diagnosed with type 2 diabetes at least one year, does not take insulin injections, glycosylated hemoglobin (A1C) is a minimum 6.0%. As such, may participate in this research study, which requires either 3-4 sessions of bodyweight circuit training for 5-10 minutes each week OR 150-minutes of aerobic exercise (e.g., walking/jogging) per week, in addition to lab assessments of aerobic fitness (submaximal treadmill test) and muscular fitness (Biodex knee flexion/extension and grip strength).

Medical conditions that EXCLUDE a person from participation include:

1. history or active symptoms of myocardial infarction
2. chest pain or angina
3. congestive heart failure
4. aortic stenosis or other heart valve disease
5. cardiac dysrhythmia
6. poorly controlled hypertension
7. poorly controlled asthma
8. actively symptomatic COPD

Persons with any of the following signs and/or symptoms will also be excluded from the study:

1. shortness of breath at rest or with mild exertion
2. dizziness or syncope
3. orthopnea or paroxysmal nocturnal dyspnea
4. ankle edema
5. palpitations or tachycardia
6. persistent claudication
7. known heart murmur indicative of heart disease
8. unusual fatigue or shortness of breath with usual activities

Physician's Signature: _____

Please complete and return FAX (470-578-9072) to:

**Brian Kliszczewicz, Ph.D
Kennesaw State University
Department of Exercise Science and Sport Management
Bldg 41, MD 4104
520 Parliament Garden Way NW
Kennesaw, GA 30144**

For questions or concerns, please contact the Principal Investigator, Brian Kliszczewicz, at 470-578-7967.