

12-26-2013
THE OHIO STATE UNIVERSITY
Institute for Behavioral Medicine Research

CLEARANCE OF PERSONAL PHYSICIAN

Dear Dr.

Your patient _____ (*name of patient*) would like to participate in a research project that includes a symptom limited graded exercise test to fatigue on an electronically braked bicycle (VO_{2max} test). The speed and workload (strength needed to pedal) will begin at a level that can be easily accomplished, and will gradually increase depending upon the patient's abilities. The speed and workload will be increased until her heart rate is within 85% of her age-predicted maximal heart rate, or until she cannot continue the exercise. It is *not* desired that she exercise at a level that is abnormally uncomfortable; however, she should exercise as long as is reasonably comfortable. Your patient may stop the test at any time. All testing policy and procedures follow the recommendations of the American College of Sports Medicine. The test will be conducted by an exercise physiologist and an on-site physician will be available at the time of the test for consultation.

We would appreciate your medical opinion and recommendations concerning her participation in this exercise. This test is part of the screening session for a study titled "**The HEART Study: Heart Health in Breast Cancer Survivors.**"

Please indicate the suitability of your patient to participate in the evaluation.

_____ I feel that she may be evaluated, and I know of no reason why she may not complete a graded exercise test to fatigue.

_____ I feel she may be evaluated, but urge caution due to:

_____ I recommend she not participate in the exercise test.

Physician's or Physician Representative's signature

Date

(Please type or print name)

Please return to:
OSU Stress and Health Study
Institute for Behavioral Medicine Research
460 Medical Center Drive, Rm. 130A
Columbus, OH 43210-1257
Fax: 614-366-3627