



LIFESTYLE ASSESSMENT CONSENT AND RELEASE
FORM

Personal Information

Name: _____ Date of Birth: ___ / ___ / ___
Address: _____ Tel No: (H) (___) - _____

(W) (___) - _____
City: _____ State: ___ Zip: _____ (M) (___) - _____
Email address: _____
Bodyguard 2 Device Number: BG _____ (Vita 71 use)

About The Lifestyle Assessment

The Lifestyle Assessment involves wearing a physiological (Bodyguard 2) monitor for a period of time (typically 2 to 3 days). The monitor measures both your heart rate and your heart rate variability. The data collected is interpreted by a series of algorithms and a portfolio of reports will be produced. The reports will show you how your body physiologically reacted over the course of the measurement period. Following the production of the report you will receive feedback from a member of our team.

The Lifestyle Assessment maps the changes in physiological states and by using mathematical modelling will depict changes in your physiology that are associated with stress, relaxation and recovery, quality of sleep, and the health and fitness effects of your physical activity.

The Lifestyle Assessment includes:

- 2 to 3 day heartbeat measurement with the Bodyguard 2 measurement device
- Personal reports based on the measurement
- Group and/or individual feedback
- Recommendations / action points and follow-up

Your results will be discussed with you along with feedback. It will be up to you to take responsibility for changes and Vita 71 takes no responsibility for implementation of strategies.

The Lifestyle Assessment is not a medical examination and should not be considered as a medical diagnostic tool.

Risks and Discomforts

You will be required to wear a small heart rate monitor (Bodyguard 2) that attaches to your chest with two ECG electrodes. This device will be worn for up to 3 days and 3 nights, and is only removed during bathing/showering or swimming. There is a very small risk that the electrodes can cause skin irritation if worn for long periods of time but you will be given replacement electrodes to prevent this. During your monitoring period you will be required to keep a journal. You may provide as much or as little detail as you wish, however, information relating to sleep periods and time at work will be required.

Responsibilities of the Participant

If you have a medical condition or are on medication it is important that this is declared so that data can be interpreted in an informed manner. You are responsible for fully disclosing your medical history, as well as your current state of health. You must list all medications, including over the counter remedies, taken during the monitoring evaluation so that an informed evaluation can be performed. You should consult your physician as to whether or not our lifestyle assessment is safe for you.

There are a number of conditions where the evaluation of heart rate variability has to be treated with care and may even result in exclusion from the evaluation.

<p>Exclusion criteria includes, but is not limited to:</p> <ul style="list-style-type: none"> - Those who have a cardiac pacemaker - Serious heart condition - Atrial fibrillation - Atrial flutter - Heart transplant - Bundle branch block - Severe allergy to skin adhesive - Women in the first trimester of pregnancy 	<p>Circumstantial exclusion criteria includes, but is not limited to:</p> <ul style="list-style-type: none"> - Diabetes with known autonomic neuropathy - Chronic Heart Failure - Ectopic heart beat - Medications for - Hypertension (Beta-blockers), Depression, Thyroid function
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Use of Personal Data and Results

The information that is obtained during your monitoring will be treated as private and confidential. It will not be released or revealed to any person without your written consent. However, the information obtained may be used for statistical analysis in group summary reports with your right to privacy retained.

Inquiries

Any questions about the Lifestyle Assessment procedure and the results of your assessment are encouraged. If you have any concerns or questions, please ask us for further explanations.

PARTICIPATION INFORMED CONSENT/RELEASE

I hereby consent to voluntarily participate in a Lifestyle Assessment. I understand that I am free to stop the monitoring at any point if I so desire.

I am solely responsible to return the Bodyguard monitor in the same condition as it is delivered to me and will be responsible for a replacement fee of \$350 if monitor is lost or damaged.

I have read this form, and I understand the Lifestyle Assessment procedure, the 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 assessment.

I hereby release and hold harmless Vita 71 and any of its respective officers, directors, employees, agents, heirs, successors and assigns from any and all liability, claims, demands or actions related to my participation in Vita 71's lifestyle assessment program.

Signature of Participant: _____

Date: ____ / ____ / ____