



**Burnaby Fire Department – Health and Wellness Program
Informed Consent and Charter**

Dear Firefighter,

At Fortius Sport & Health, our model of care is different than what you may have experienced in the past.

In order to provide the best possible care based on the principles of integration, collaboration and innovation, we encourage our sport & exercise medicine and science professionals working with you to communicate with each other. Members of the Fortius Institute practitioner team may access your electronic health record to determine how best to address your healthy living and performance needs.

Members of the Fortius Institute team include – but may not be limited to – Biomechanists, Chiropractors, Dieticians, Massage Therapists, Physicians, Strength and Conditioning Coaches, Physiologists and Physiotherapists. These Practitioners are described as “Allied Health Practitioners” under the Canada Health Act. Fortius also includes Kinesiologists and Strength & Conditioning Specialists to support you in achieving your health and fitness goals.

During the course of your treatment, Fortius Institute staff members may need to share confidential information about you. Only relevant information about you or your condition(s) will be shared with other Fortius staff or other professionals involved in your care and performance.

Sharing of information may be verbal, in writing or, within the walls of Fortius, it may be electronic. All information that is shared is held in the strictest confidence by all members of the Fortius Institute team.

In order to support research projects supervised by the Fortius Institute, data within the Fortius electronic health record may be available for future research by our practitioners and scientists. All data will remain anonymous and your name will not be made available or shared with outside sources.

As an active participant in your care at Fortius Sport & Health, you have access to your records at any time. By signing this document and continuing to seek care and advice from our team at the Fortius Institute, you understand and agree to information being shared. You may withdraw this consent at any time.

Initials_____



This consent form is only part of the process of informed consent. It should provide an overview of what the medical and health evaluation entails and what your participation will involve. If you would like more details do not hesitate to ask. Please take the time to read this carefully and to understand any accompanying information.

Based on your individual health, physiology and performance goals, your evaluation will include some or all of the following:

Focused Medical History and Physical Examination conducted by a physician

Laboratory Test(s) may be required, such as blood work to be completed at a laboratory of your choice. A chest x-ray may be recommended periodically to assess your lung health and risk for disease. Any recommended screening examinations or other tests will be discussed with you and are not mandatory.

Mental Wellness Screening. A mental wellness screen with a clinical counsellor, staffed by Burnaby Mental Health Services, will be offered annually. You will be asked to complete questionnaires such as the PHQ7, GAD, PTSDQ or others beforehand to support this visit. The Clinical Counsellor will review your questionnaires and discuss any concerns with you. Any notes or data collected during this visit, including the completed questionnaires, will remain confidential and will be placed in your Fortius electronic medical record (EMR). These records, like all medical information about you, are not available to the Burnaby Fire Department, the city of Burnaby, your Union or any other external party without your prior and explicit consent. By participating in this visit you consent to sharing your Clinical Counsellor Visit Record and questionnaires with Fortius and the physician overseeing the BFD Health and Wellness Program, who will take any steps necessary to further facilitate referrals recommended by the Clinical Counsellor. Should you wish to also share this record with your family physician, Fortius will fax the record to the physician you wish to share it with, stating clearly any action that has been taken on our part (i.e. referrals). This process is in place to ensure that appropriate care is provided in a timely manner, as needed. Should you not wish to share the visit record and questionnaires with the Fortius physician, you will not be able to see the Clinical Counsellor as part of the BFD Health and Wellness Program.

Spirometry. Pulmonary function tests will be performed to assess lung function. Tests will require rapid and maximal breathing maneuvers.

Anthropometric Measures. Height, weight, waist and hip girths will be measured.

Cardiac Stress Test w/ VO_2 max. The suitability of this test will be determined by the physician and/or qualified staff, who may ask you to have this test completed at a different time if currently unsafe, or ask that it be completed at an alternate facility to ensure your safety.

You will exercise on a treadmill with progressively increasing speed and incline to elicit **maximal** responses in oxygen consumption, ventilation, and heart rate and rhythm.



Electrocardiogram (ECG) leads will be placed on your chest and heart rate and rhythm tracings will be collected prior to, during, and post-exercise to evaluate heart rhythms and function. Resting and exercising blood pressure will be collected throughout the test.

Note: The ECG electrodes require a smooth skin surface for proper adhesion and conduction, in clients with body hair it may be required to shave portions of your chest to properly place the electrodes.

Note: In order to collect metabolic data it is required that you breathe through a mouthpiece so all expired gases may be collected and analyzed.

Risk of injury is possible in all physical activity, but is minimal. Any injuries or feeling of discomfort should be reported to the test administrator immediately. In the event that you suffer injury as a result of participating in this testing, no compensation will be provided for you by Fortius Sport & Health. The technician administering these tests is trained in emergency procedures, and has appropriate qualifications to be conducting the tests.

With maximal exercise some of the more serious risks include, but are not limited to:

- Abnormal heart rate (may settle without treatment or require intervention by physician)
- Chest pain (treated with medication)
- Heart attack (up to 1 in 2500 people)
- Low blood pressure
- Fainting
- Death (1 in 10,000 people)

Additional comments:

- Tests will be administered by qualified personnel.
- Results will be treated in a confidential manner and used only to describe group responses in any published work. Each individual's results will be given to them.
- While it is highly unlikely that a subject should be injured or taken ill during a testing session, testing personnel are trained in emergency procedures.
- The maximal exercise loads imposed will not exceed those that might be expected of an athlete during sports performance.

I realize that I may expect a thorough explanation and/or demonstration of any procedures and that I may terminate participation at any time in any or all procedures of my own volition. I also realize that if any change occurs in my health that may place me at risk by performing this test, I will inform the testing and medical staff beforehand.

Having voluntarily assumed participation and the risks thereof, in the medical and health evaluation, I hereby disclaim and release Fortius Sport & Health, its agents, servants or employees, including all personnel involved in the fitness appraisal from any and all liability that might otherwise arise as a result of my participation as a subject in this fitness appraisal.



Annual BFD Health and Wellness Program

- I AGREE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT
- I CONSENT TO THE TESTS AND ASSESSMENTS OUTLINED IN THIS DOCUMENT AND UNDERSTAND THAT EACH TEST IS OPTIONAL AND I MAY OPT OUT AT ANY TIME DURING THE ASSESSMENT

Mental Wellness Screening

- I WOULD LIKE TO PARTICIPATE IN THE MENTAL WELLNESS SCREENING VISIT AND UNDERSTAND THAT MY VISIT RECORD AND QUESTIONNAIRE WILL BE SHARED WITH THE FORTIUS PHYSICIAN, WHO WILL TAKE FURTHER ACTION REQUIRED
- I WOULD NOT LIKE TO PARTICIPATE IN THE MENTAL WELLNESS SCREENING VISIT TODAY

Reporting & Results

- I WOULD LIKE TO RECEIVE MY TEST SUMMARY REPORT VIA EMAIL _____
- I WOULD LIKE TO RECEIVE MY TEST SUMMARY REPORT VIA AN ALTERNATE METHOD:

PLEASE PROVIDE PREFERRED METHOD: _____

PLEASE NOTIFY STAFF OF ANY MEDICAL ISSUES WHICH HAVE NOT BEEN IDENTIFIED ON THE GAQ

Name: _____ Date of Birth: _____

Signature: _____ Date: _____

Witness: _____ Date: _____