



## EKG WAIVER FORM

Boulder Center For Sports Medicine  
311 Mapleton Ave.,  
Boulder, CO 80304  
Phone: (303)441-0539, Fax: (303)544-5710

The patient named below has requested an exercise test at the Boulder Center for Sports Medicine. Due to age or risk factors for heart disease, our policy calls for use of a 12-Lead EKG during testing. However, the 12-Lead EKG may be waived if a treating practitioner believes this to be unnecessary. Please review this form in its entirety and complete. Please feel free to contact us with any questions you may have. Thank you.

All physiology testing performed at Boulder Center for Sports Medicine (BCSM) adheres to the standards set by the American College of Sports Medicine. In order for BCSM to waive the 12-Lead EKG monitoring test and fee, the following form must be **completely** filled out by the patient's physician.

**Patient Name:** \_\_\_\_\_ **Date of Test at BCSM:** \_\_\_\_\_

**Patient Date of Birth:** \_\_\_\_\_

**Physician Printed Name:** \_\_\_\_\_

**Physician Office Phone Number:** \_\_\_\_\_

**Physician Office Address:** \_\_\_\_\_

**Physician Medical License Number:** \_\_\_\_\_

By signing below, I understand that the patient named above will be performing a **maximal** exercise test at the Boulder Center for Sports Medicine. The patient has elected to have this test performed to evaluate athletic performance and is not intended to evaluate or diagnose cardiovascular disease. I agree that I have sufficiently evaluated this patient for cardiovascular disease, and do not believe that there are any contraindications for this patient to perform a maximal exercise test, without EKG monitoring, and with no physician present.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

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[www.bch.org/sportsmedicine](http://www.bch.org/sportsmedicine)