

# ***Weber State University Wellness Program Informed Consent***

## **Purpose**

The primary purpose of the Wellness program is to identify individual health risks based upon the responses to the Wellsource PWP questionnaire and the results of a fitness evaluation.

I desire to participate in this program and willingly give my consent for evaluation of my present level of health and fitness. I further give permission for those health and fitness tests I've opted to take, that may include one of all of the following: blood, strength, endurance, flexibility, cardiovascular, body composition, and other screening tests. I accept the responsibility of taking any appropriate actions indicated as a result of health problems or high-risk indicators identified during testing. I understand that my participation is voluntary, and that I may withdraw or discontinue my participation at any time without penalty or prejudice. I further release Weber State University and the Department of Health Promotion and Human Performance from any health problems that may occur as a result of my participation.

## **Risks or discomforts**

Any physical testing procedures are carried out with some risk to the subject. I understand that some muscle soreness may take place for several days following the tests. On very rare occasions muscle strains or tears may take place, and may require several days of rest and/or therapy.

Any blood drawing procedure is carried out with some risk to the subject. I understand that I may experience some discomfort and bruising around the puncture sight following the procedure. I understand my blood will not be tested for drugs or the HIV virus.

In the unlikely event of injury, first aid will be given on site. If the injury is more serious in nature, medical treatment will be provided following the guidelines outlined by Weber State University workman's compensation package. Further information may be obtained from Weber State University Human Resource department.

## **Benefits to be expected**

Participation in a wellness program has been associated with beneficial changes in health, fitness, nutrition, attitude and safety including increases in muscular strength, endurance, cardio-respiratory endurance and improvements in body composition.

As a participant in this study, I will receive a personalized twenty-page health and fitness evaluation.

## **Confidentiality**

All records collected will remain in the Employee Wellness office in a locked file cabinet. Access to the records is limited to the staff of the Wellness program that has the duty of processing the records.

Data is generated electronically by use of a computer. Access to the electronic records is limited to the staff of the Wellness program that has the duty of processing the records.

***Data may be electronically entered by Wellness staff, in a HIPPA compliant manner, into a PEHP/Healthy Utah database for PEHP/Healthy Utah Rebate Programs.***

## **Contact Persons**

Questions related to the Wellness program, or about fitness evaluation injury may be directed to the Employee Wellness Coordinator, ext. 6480 or Benefits, Compensation, & Wellness Manager, ext. 6648.

I understand that by signing my name below, I have given my consent and release as described above.

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Participants Signature

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Date

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Printed Name