

 CENTRO MEDICO TORRE	CI-22 – MDS STRESS TEST Information notice and informed consent	Revisione: 1
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INFORMATION NOTICE

Dear Patient,

To obtain a first-level sports medical certificate, a stress test is required, which is performed differently depending on age:

Under 35 years: Step test

Over 35 years: Cycle ergometer test

This test is essential to evaluate heart function during physical activity and to ensure safety in sports practice.

Procedure Description

Under 35 years – Step Test

The patient will step up and down on a platform following a predefined sequence, with gradually increasing pace.

During the test, an electrocardiogram (ECG) will be monitored to assess the heart's response to exercise.

Over 35 years – Cycle Ergometer Test

The patient will pedal on a stationary bicycle with progressively increasing resistance.

An ECG will be continuously recorded to monitor cardiac activity

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INFORMED CONSENT

Dear Patient,

I hereby declare that I have been fully informed about the stress test (exercise test) that I am about to undergo.

In particular, I confirm that I have received clear and comprehensive information regarding:

the purpose of the test, which is to evaluate cardiovascular response during physical exertion;

the procedures used (step test or cycle ergometer, depending on age);

the methods of execution, including continuous electrocardiographic (ECG) monitoring;

the potential risks and discomforts, which may include fatigue, shortness of breath, dizziness, and, in rare cases, cardiac arrhythmias or other complications;

the precautions and instructions to follow before and during the test.

I also declare that:

I have had the opportunity to ask questions and have received satisfactory answers;

I have provided accurate information regarding my health status;

I am aware that I may withdraw my consent at any time, without any consequences;

Having understood all of the above, I freely and consciously:

☐ AGREE to undergo the stress test

☐ DO NOT AGREE to undergo the stress test

Date: ____ / ____ / ____

Patient's Signature: _____

Physician's Signature: _____