

Medical Certificate

Competitive sport activity

It is compulsory to fill every part of this form and the doctor's signature and stamp

The undersigned(licensed physician), on the basis of the medical tests:

-medical visit - test of urines (urinalyses) - electrocardiogram at rest and stress test - spirometry

diagnostic tests as by the Italian law to be able to practice competitive sports activities (Ministerial Decree 18/02/1982)

certify that

Name Surname.....

Born.....in.....

Resident in.....in.....

can practice competitive Athletics sport activity. This certificate is valid for.....

and will expire on.....

(it must be valid on the date of the event)

Date,

The Doctor (Firm)

Doctor's stamp