

MEDICAL CERTIFICATE

COMPETITIVE SPORT ACTIVITY

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

- Medical visit
- Test of urines (urinalyses)
- Electrocardiogram at rest and stress test
- Spirograph

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 on (dd/mm/yyyy): ____/____/____ **in (birth place):** _____

Resident in (address and city): _____

can practice competitive Athletics sport activity.

This certificate is valid for for the competitive sporting practice of athletics and will

expire on: ____/____/____

DATE, ____/____/____

The Doctor
(stamp and signature)