

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, spirometry** (diagnostic test as by the Italian law to be able to practice competitive sports activities – Ministerial Decree 18/02/1982)

CERTIFIES THAT

Name _____ Surname _____

Born (dd/mm/yyyy) ____/____/____ in _____

Resident in (city) _____ address _____

can practice competitive Athletics sport activity.

This certificate is valid for (max. 12 months) _____ and will expire on (dd/mm/yyyy) ____/____/____

Date (dd/mm/yyyy) ____/____/____

The Doctor _____

stamp and signature