

MEDICAL CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

The undersigned.....(LICENSED PHYSICIAN),
on the basis of medical test.

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

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

certify that

NAME _____ SURNAME _____

DATE AND PLACE OF BIRTH _____

RESIDENT IN _____ (_____) _____
PLACE (PROV) ZIP-CODE NATION

ADRESS _____

Can practice competitive Athletics sport activity.

This certificate is valid for _____ And will expire on _____

The Doctor

Place and date

Stamp and signature
