

NON-COMPETITIVE MEDICAL CERTIFICATE

This medical certificate must be filled out and signed by the doctor.

Please use block letters only

I, Dr.(first name, surname) _____

born in (city) _____ Country _____

On (dd/mm/yyyy) _____

with office at (complete address) _____ Phone number _____

DECLARE
(being aware of the consequences for false declaration)

That Mr/Mrs/Ms (name, surname) _____

born in (city) _____ Country _____

on (dd/mm/yyyy) _____

and resident at (complete address) _____

ID document N° _____

**Diagnostic test as by the Italian law to be able to practice non competitive sports activities in accordance
with Italian law (DM 18/02/82 e DM 24/04/2013)**

This certificate will expire on (dd/mm/yy) _____ (maximum one year from the date of issue)

Date _____ Doctor's signature and stamp _____