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
- spirography

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…….
(dd/mm/yyyy)

Resident in……in…….

can practice competitive Athletics sport activity.

This certificate is valid for……

and will expire on…….

Date,

The Doctor

(stamp e signature)