

MEDICAL CERTIFICATE COMPETITIVE SPORT ACTIVITY

The undersigned _____⁽¹⁾, certifies that, on the basis of the medical tests (medical visit, urinalyses, electrocardiogram at rest and during stress test, spirometry) scheduled by the Italian law for the certification of competitive sports activities (Italian Ministerial Decree 18/02/1982):

Name: _____

Surname: _____

Birth place: _____

Date of birth: _____

Residence: _____

can practice competitive Athletics sport activity.

This certificate is valid for 1 year.

Date ⁽²⁾ _____

Physician's signature ⁽²⁾ _____

Physician's stamp ⁽²⁾ _____

¹ licensed physician

² mandatory