

Medical Certificate

Competitive sport activity

It is compulsory to fill every part of this form and the doctor's signature and stamp

The undersigned(licensed physician)

certify that (on the basis of diagnostic test as by the Italian law to be able to practice competitive sports activities - Ministerial Decree 18/02/1982).

NameSurname.....

Born.....in.....

Resident in.....

can practice competitive Athletics sport activity.

This certificate will expire on.....

(it must be valid on the date of the event)

Date,

The Doctor (Firm)

Doctor's stamp