



## 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
- spirometry

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.....

Resident in..... in.....

can practice competitive Athletics sport activity.

This certificate is valid for.....

and will expire on.....

Date

The Doctor (stamp e signature)