



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 Athletic sport activity.

This certificate is valid for.....
and will expire on

Date.....

Doctor STAMP and signature

.....