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 test as by the Italian law to be able to practice competitive sports activities – Ministerial Decree 18/02/1982)

certifies that

Name	.Surname
Born	in
Resident in (city)	address
can practice competitive A	thletics sport activity.
This certificate is valid for	(max. 12 months)
and will expire on	

Date,

The Doctor (stamp e signature)