

MEDICAL CERTIFICATE FOR COMPETITIVE ATHLETICS

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

City and date _____

Mr/Mrs (name, surname) _____

Date of birth _____

Nationality _____

Resident at (address, city country) _____

ID Document n° _____

The athlete has required the medical examination for competitive athletics.

According to the results required by Italian law of:

- medical examination
- complete urine analysis
- -electrocardiogram rest and after exercise
- spirometry

the athlete is healthy and currently fit for competitive athletics.

This certificate is valid until (date) _____ (The certificate must be valid at least until April 2, 2017 included)

Doctor's signature _____

Doctor's stamp _____