**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 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)

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