

## SPORT MEDICAL CERTIFICATE

DOCTOR (name, last name) \_\_\_\_\_

BORN IN (city, nation) \_\_\_\_\_

ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

DOCTOR OFFICE ADDRESS \_\_\_\_\_

\_\_\_\_\_

PHONE / FAX NUMBER \_\_\_\_\_

Based on a physical examination done on (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ which included a full medical sport check-up, a cardiac stress test with electrocardiogram, and a spirometry test, I hereby declare that

MR / MRS / MS (name, last name) \_\_\_\_\_

BORN IN (city, nation) \_\_\_\_\_

ON (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

RESIDENTIAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

is in good health and fit to compete in a trail running competition in accordance with Italian law (D.M. 18/02/82 and D.M. 24/04/2013).

This Sport Medical Certificate is considered valid to practice sport at agonistic level.

**This certificate is valid for a period of one year.**

CITY, NATION \_\_\_\_\_

DATE (day/month/year) \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

DOCTOR (signature and stamp) \_\_\_\_\_

