

**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 Athletics sport activity.

This certificate is valid for.....

and will expire on.....

Date, .....

The Doctor signature (**mandatory**) .....

Doctor's stamp (**mandatory**)