

MEDICAL CERTIFICATE NON-COMPETITIVE SPORT ACTIVITY

The undersigned _____(licensed physician)

on the basis of the medical test done on _____(dd/mm/yyyy)

Diagnostic test as by the Italian law to be able to practice non-competitive sports activities (Ministerial Decree 18/02/1982) :

- Physical examination
- Electrocardiogram

Certify that

Name _____ Surname _____

Born _____ in _____

Resident in in.....

Can practice non-competitive Athletics sport activity

This certificate will expire on _____

Date _____ The Doctor (stamp and signature) _____