

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 test as by the Italian law to be able to practice competitive sports activities – Ministerial Decree 18/02/1982) or (Art.5 D.M. 04/03/1993 – for Paratriathletes)

certifies that

NameSurname.....

Born.....in.....

Resident in (city).....address..... can
practice competitive Triathlon sport activity.

This certificate is valid for (max. 12 months)..... and
will expire on.....

Date,

The Doctor

(stamp e signature)