

## 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 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

Name ..... Surname.....

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)