



## HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

Mr/Mrs/Ms (name, surname) .....

Born (city,country) .....

Date of Birth (dd/mm/yyyy) .....

The subject, according to the clinical investigations carried out, does not present any  
contraindication related to competitive .....  
( specify which sports ) sport activity.

This certificate is valid one year as from today.

Place.....

Date.....

Physician's signature:

Physician's stamp