

Medical Certificate 202 ...
Competitive sport activity
(ONLY CAPITAL LETTERS)

The certificate is in accordance with Italian law (DM 18/02/1982).

- This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.
- This certificate must be uploaded on the personal race registration area
- Failure to do by this date will lead to the cancellation of registration without refund.
- Nobody will attend the race without the medical certificate.
- All the field are mandatory

I, the undersigned doctor

Phone n..... E-mail

Office address..... City.....

Professional Code (*mandatory*).....

Declares to have examined the athlete:

Surname:..... First name:.....

Born on the: ____ / ____ / ____ , in.....

Resident in (*city, nation*)

Based on the results of medical examinations, which included a sports medical check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, conducted in compliance with Italian law (DM 18/02/82 and DM 24/04/2013), the individual is deemed healthy and fit to participate in competitive track and field athletics (running) with no contraindications.

Date: ____ / ____ / ____ (*day / month / year*)

This certificate will expire on ____ / ____ / ____ (*day / month / year*) **maximum 1 year, mandatory**

Professional signature and stamp: (*Mandatory*)