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)*