



SPORT MEDICAL CERTIFICATE

I hereby Doctor.....

Doctor Office Address.....

Phone / Fax number/ e.mail

Based on a physical examination done on (dd.mm.yy.).....
which included a full medical sport check-up, a cardiac stress test with electrocardiogram
and a spirometry test, declare that :

Family name:..... First name:.....

born in (city, nation)

date of birth

address

is in good health and fit to compete in a mountain running competition in
accordance with Italian law (D.M.18/02/82 and D.M. 24/04/2013).

This Sport Medical Certificate is considered valid to practice sport at agonistic level

Date.....

Doctor's signature.....Stamp of the Doctor