

## 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