

Fill out completely in capital letters, stamp, sign and return attached to registration form

I, Dr. (name, surname) _____
Born in (city, country) _____
On (dd/mm/yyyy) _____
With office at (complete address) _____
And phone number _____

DECLARE

(being aware of the consequences for false declaration)

That Mr./Mrs./Ms (name, surname) _____
Born in (city, country) _____
On (dd/mm/yyyy) _____
And resident at (complete address) _____
ID document N° _____

According to medical check-ups results, That have included the following tests; Medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law **(DM 18/02/82 e DM 24/04/2013)**,
is healthy and fit for competitive “(sport) track and field”

This certificate is valid until (dd/mm/yy) _____
Date _____
Doctor's signature and stamp _____