

# Medical Certificate for competitive sport activity

Please, fill out completely in capital letters

The undersigned (licensed physician) \_\_\_\_\_,  
on the basis of the medical tests:

- medical visit
- test of urines (urinalyses)
- electrocardiogram at rest and stress test
- spirometry

diagnostic tests as by the Italian law (DM 18/02/82 e DM 24/04/2013) to be able to practice **competitive** sports activities in general and for the ultramarathon in particular (30 km or 50 km)

certify that

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

This certificate is valid until (dd/mm/yy) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

The Doctor  
(stamp e signature)