

## Medical Certificate

### Competitive sport activity

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 test as by the Italian law to be able to practice competitive sports activities – Ministerial Decree 18/02/1982)

certifies that

Name .....Surname.....  
Born.....in..... Resident  
in (city).....address..... can practice  
competitive **TRIATHLON** sport activity.

This certificate is valid for (max. 12 months)..... and  
will expire on.....

**Date,**

**The Doctor**

**(stamp e signature)**