

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

NameSurname.....
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)