

fill out completely, sign and return by:

email: info@maratoninadiudine.it

fax: +39 0432-299678

post: ASD MARATONINA UDINESE – Via Cotonificio, 96 – 33035 Torreano di Martignacco (UD)

MEDICAL CERTIFICATE COMPETITIVE SPORT ACTIVITY



Dr. (first name, last name) _____

born (city, country) _____

on (dd/mm/yyyy) _____

with offices at (complete address) _____

phone number _____

I declare myself fully responsible and acknowledge the consequences for falsely declaring that



Mr/Mrs/Ms (first name, last name) _____

born (city, country) _____

on (dd/mm/yyyy) _____

and resident at (complete address) _____

with the following disability (if applicable) _____

on the basis of a medical tests:

- Medical visit
- Test of urines (urinalyses)
- Electrocardiogram at rest and stress test
- Spirography

done by me on (dd/mm/yyyy) _____

is in good health and fit to compete in ATHLETICS events according to the laws in force in Italy about the competitive sports (Ministerial Decree 18.02.1982)

This certificate is valid one year from this date.

In date _____

Physician's signature _____