



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 \_\_\_\_\_