

Medical Certificate
Competitive sport activity

The undersigned (licensed physician),

certify that

NameSurname.....

Born.....in.....

Resident in.....in.....

can practice competitive Athletics sport activity.

This certificate is valid one year as from today.

Expiration date (**mandatory !**)

Release date (**mandatory !**)

.

Place.....

Physician's signature (**mandatory !**)

Physician's stamp (**mandatory !**)