

SPORT MEDICAL CERTIFICATE

I hereby Doctor	
Doctor Office Address	
Phone / Fax number/ e.mail	
Based on a physical examination done on (dd which included a full medical sport check-up, and a sprirometry test, declare that:	
Family name:	First name:
born in (city, nation)	
date of birth	
address	
is in good health anf fit to compete in a accordance with Italian law (D.M.18/02	•
This Sport Medical Certificate is considered	ed valid to practice sport at agonistic level
Date	
Doctor's signature	Stamp of the Doctor