

Medical Certificate Competitive sport activity

The undersigned _____
on the basis of the medical tests and the medical visit

certify that

Name _____ Surname _____

Date of Birth _____ Place of Birth _____

Resident:

Street and Number _____

Zip Code and City _____

can practice competitive Cycling or Running sport activity.

This certificate is valid for _____ (specify
the period of validity) and will expire on _____

Date

The Doctor (stamp e signature)