

Certificate of eligibility for participating in a competitive athletics event

I, **Dr.** (LICENSED PHYSICIAN),

NAME _____ SURNAME _____

CITY, NATION OF BIRTH _____ DATE OF BIRTH (dd,mm,yyyy) _____

WITH OFFICE AT _____ PHONE NUMBER _____
COMPLETE ADDRESS

declare that Mr/Mrs/Ms

NAME _____ SURNAME _____

CITY, NATION OF BIRTH _____ DATE OF BIRTH (dd,mm,yyyy) _____

RESIDENT AT _____
CITY (PROV) ZIP-CODE NATION

ADDRESS _____

has sustained a thorough and adequate medical exam during which, in compliance with health regulations* governing the participation in a competitive athletics event in Italy, the following tests have been performed: **Medical visit / full urine analysis / EKG at rest / EKG stress / spirometry test** (* Ministerial Decree 18/02/1982).

CAN PRACTICE COMPETITIVE ATHLETICS SPORT ACTIVITY.

This certificate is valid one year from this date and will expire on _____

PHYSICIAN'S

PLACE AND DATE

SIGNATURE AND STAMP

IMPORTANT NOTICE: this form should not be used by **ATHLETES RESIDING IN ITALY**. These athletes have to get a medical certificate of eligibility for participating in an athletics event at a competitive level. The certificate must be issued in Italy by a doctor with a specialization in sports medicine.