

Agonistic Medical Certificate

Medical Certificate for Competitive Sport Activity (Attività Sportiva Agonistica)

I hereby certificate based on self-declarations and medical findings, and verification like stress ECG, than (Io dichiaro che in base ai colloqui e alle verifiche svolte da me come **stress ECG** che:)

- Surname:
- Name :
- Date and place of birth:

can partipicle at long distance competition, also more than 5 hours of race.

(puo' partecipare a gare di lunga distanza anche superiori di 5 ore)

Examining Doctor:

- Surmane:
- Name:

Date:

Signature and Stamp: