

**Medical Certificate  
Non Competitive sport activity**

The undersigned .....licensed physician),  
complete address .....

on the basis of the sport physical medical exams:

certify that

Name .....Surname.....

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

Resident in (complete address) .....

Is in good health and fit to complete in a

non competitive Athletics sport activity

non competitive Athletics sport activity

This certificate is valid for.....

and will expire on.....

**Date,**

The Doctor  
(stamp e signature)