

**Medical Certificate
Non Competitive sport activity**

The undersignedlicensed physician),
complete address

on the basis of the sport physical medical exams:

certify that

NameSurname.....

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)