

# Maratonina dei Borghi Città di Pordenone

## MEDICAL CERTIFICATE FOR COMPETITIVE ATHLETICS

**It is compulsory to fill every part of this form and the doctor's signature and stamp.**

City and date \_\_\_\_\_

Mr/Mrs (name, surname) \_\_\_\_\_

Date of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Resident at (address, city country) \_\_\_\_\_

ID Document n° \_\_\_\_\_

The athlete has required the medical examination for competitive athletics.

According to the results required by Italian law of:

- medical examination
- complete urine analysis
- electrocardiogram rest and after exercise
- spirometry

the athlete is healthy and currently fit for competitive athletics.

This certificate is valid until (date) \_\_\_\_\_

(The certificate must be valid at least until September 29, 2019 included)

Doctor's signature \_\_\_\_\_

Doctor's stamp \_\_\_\_\_