SPORT MEDICAL CERTIFICATE

According to the Italian rules: ex art. 4 D.M. del 18-2-1982 *"Norme per la tutela sanitaria dell'attività sportiva agonistica"* (Decreto Balduzzi)

Name and Surname: _____

Birthplace: _____

Date of Birth: _____

Residential address:

Street name:_____ Street number: _____

ZIP code: _____ City: _____ Country: _____

The subject, based on the medical examination that I have done, the pressure values measured, as well as the results of the following instrumental tests that I have carried out (list of the test):

_____

_____

_____

_____

_____

has no contraindications with the practice of sporting activity of particular and high cardiovascular commitment, according to the Italian rules (art. 4 D.M. 18-2-1982)

This certificate is valid for one year from the date of release.

Place and date, _____

Stamp and signature of the certifying doctor

_____