

**Medical Certificate Competitive sport activity**

The undersigned (licensed physician) ....., on the basis of the medical tests: **medical visit, test of urines (urinalyses), electrocardiogram at rest and stress test, spirometry** (diagnostic test as by the Italian law to be able to practice competitive sports activities – Ministerial Decree 18/02/1982)

certifies that

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

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

Resident in (city).....address..... can practice competitive Triathlon sport activity.

This certificate is valid for (max. 12 months)..... and will expire on.....

**Date,**

The Doctor

(stamp e signature)