

# MONDOLE' EXPERIENCE

I° Edition Roccaforte Mondovì, Cuneo, Piedmont Italy

## COMPULSORY MEDICAL CERTIFICATE

### for 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 Athletics sport activity.

This certificate is valid for (max. 12 months) .....

and will expire on .....

Date,

The Doctor  
(stamp e signature)

