



# UNESCO CITIES MARATHON CIVIDALE - PALMANOVA - AQUILEIA 29 MARZO 2020



## MEDICAL CERTIFICATE

## COMPETITIVE SPORT ACTIVITY

FILL OUT COMPLETELY, SIGN AND RETURN BY MAIL : [info@unescocitiesmarathon.it](mailto:info@unescocitiesmarathon.it)

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 tests as by the Italian law to be able to practice competitive sports activities (Ministerial Decree 18/02/1982).

certify that:

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

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

Resident in.....in.....

can practice competitive Athletics sport activity.

This certificate is valid for.....

and will expire on.....

The Doctor  
(stamp e signature)

DATE

SIGNATURE

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