



Certificate of eligibility for participating in a competitive athletics event

I, Dr. (first name, last name) born (city, country) on (dd/mm/yyyy)

with offices at (complete address) and phone number

declare that Mr/Mrs/Ms (first name, last name) born (city, country) on (dd/mm/yyyy)

and resident at (complete address)

has sustained a thorough and adequate medical exam during which, in compliance with health regulations* governing the participation in a competitive athletics event in Italy, the following tests have been performed: **full urine analysis / EKG at rest / EKG stress / spirometry test** (* Ministerial Decree 18/02/1982).

Therefore I declare that the aforementioned athlete is in good health and fit to **COMPETE IN ATHLETICS EVENTS**.

The exam has been performed by me on (dd/mm/yyyy) _____

This certificate is valid one year from this date.

PHYSICIAN'S SIGNATURE AND STAMP

IMPORTANT NOTICE: this form should not be used by **ITALIAN ATHLETES** or by **FOREIGN ATHLETES RESIDING IN ITALY**.

These athletes have to get a medical certificate of eligibility for participating in an athletics event at a competitive level.

The certificate must be issued in Italy by a doctor with a specialization in sports medicine.