



## Certificate of eligibility for the practice of non-competitive sports activities

**Athlete** (last name/first name) \_\_\_\_\_

**Born at** (town/country) \_\_\_\_\_

**On** (day/month/year) \_\_\_\_\_

**Currently residing at** (complete address) \_\_\_\_\_

\_\_\_\_\_

The subject, on the basis of the medical examination that I performed, does not show contraindications to the practice of non-competitive sports activities, specially running for a distance between 7 and 14 kilometers.

The medical examination included blood pressure measurement and other exams deemed necessary according to current laws.

This certificate is valid one year from the date indicated below.

### Medical examination performed

**At** (town/country) \_\_\_\_\_

**On** (day/month/year) \_\_\_\_\_

**By** (physician's last name/first name) \_\_\_\_\_

**PHYSICIAN'S SIGNATURE AND STAMP**