

HEALTH CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY

Mr/Mrs/Ms (name, surname)

Born (city,country)

Date of Birth (dd/mm/yyyy)

The subject, according to the clinical investigations carried out, does not present any contraindication related to competitive (*specify which sports*) sport activity.

This certificate is valid one year as from today.

Place.....

Date.....

. Physician's signature:

Physician's stamp