



Health Certificate for Competitive Sport Activity

- Mr.
- Mrs.
- Ms.

Name, surname: _____

Born in (city, country) _____

Date of birth (dd/mm/yyyy) _____

In accordance with current legislation does not present any contraindications related to competitive running activity, as according to medical tests.

This certificate is valid one year as from today.

Place: _____

Date (dd/mm/yyyy): _____

Physician's signature: _____

Physician's stamp: _____