

MEDICAL CERTIFICATE

Competitive sport activity

(It is compulsory to fill every part of this form and put the doctor's signature and stamp)

I, the undersigned, Dr....., doctor of medicine
(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

Mr./Mrs./Ms./Miss - born on
..... in resident in
address..... can practice competitive Swimming activity.

This means that he/she is physically and mentally able to participate in the
“OCEANMAN Lago d’Orta”, a long distance Open Water Swimming race with a high
cardio-vascular effort, fixed on 23rd June 2018.

This certificate is valid for and will expire on
..... *(it must be valid the day of the event)*.

Date:

Location:

Doctor's Stamp & Signature:.....