

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 (**mandatory**):

Physician's stamp (**mandatory**)