MEDICAL CERTIFICATE

for Competitive Sport Activity

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

I, the undersigned……....., doctor of medicine (licensed physician), on the basis of these medical diagnostic tests (*as by the Italian law to be able to practice competitive sports activities (Ministerial Decree 18/02/1982 and 28/02/1983*):

- **Medical visit – Test of urines (urinalyses) – Electrocardiogram at rest - Electrocardiogram under stress (stress test) – Spirometry**;

CERTIFY that

Mr./Mrs./Ms./Miss …….. - born on (*day/month/year*) …… in (*nation*)……. resident in (*city*)……(*address)*……..can practice competitive Swimming activity. This means that he/she is physically and mentally able to participate in the "Oceanman Polignano a Mare", a long distance Open Water Swimming race with a high cardio-vascular effort, fixed on 05th and 06th October, 2019. Send to; otretriathlonteam@gmail.com

This certificate is valid for (*ex: 1 year*) …… and will expire on …….. (*expiration date - **it must be valid the day of the event***).

Date: …… Location: ……

Doctor's Stamp & Signature:……..