ASD POLISPORTIVA SAN FELICE DEL BENACO
Via Preone, 19 – San Felice d/B (BS)
www.polisportivasanfelice.com
info@polisportivasanfelice.com
asdpolisportivasanfelicedelbenaco@pec.it

MEDICAL CERTIFICATE 2024

COMPETITIVE SPORT ACTIVITY
(ONLY CAPITAL LETTERS)

I, the undersigned …….. (licensed physician)

CERTIFY THAT

the medical examination of:
Surname…… …… First name:……..
Born on the : …../……./……., in ……
Resident in ……

Does not reveal any contraindication to the practice of competitive sport activities like:
RUNNING/SWIMMING IN OPEN WATER/SWIMRUN

This certificate will expire on ___/_____/_____ (mandatory)
dd mm yyyy

Date: _____/_____/_____
dd / mm / yyyy

Legible signature of doctor: _____
(mandatory)

Professional stamp/seal and professional number : _____
(mandatory)