

**MEDICAL CERTIFICATE OF FITNESS FOR
COMPETITIVE * SPORTS**

PLEASE USE BLOCK LETTERS ONLY

I, Doctor (name, surname) _____

with office at (complete address)

Phone number _____

declare myself fully responsible and acknowledge the consequences for falsely declaring that

Mr./Mrs. (name/surname) _____

born (city, country) _____

on (dd/mm/yyyy) _____ and resident at (complete address)

based on a sport physical exam done by me on (dd/mm/yyyy) _____

is in good health and fit to compete in a **competitive** orienteering race according to current laws.

This certificate is valid one year from this date.

Date _____ Doctor's signature and stamp _____

IN THE LACK OF THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE RACES.

Complete and return by email to: docs@rome2013.net within **Saturday 26th Oct.**

Deliver the **original certificate** duly signed and stamped to the event center **between 12.00 and 15.00 on Friday 1st Nov.**

The medical examinations required (ex D.M. 18 febbraio 1982) to obtain a medical certificate of fitness for competitive sport program are:

1. Medical-sports check-up;
2. A regular urine test;
3. Electrocardiogram both at rest and exercise;
4. Spirometry (breathing test).

* Competitive Categories: M/W 14, 16, 18, 21Senior, 21K, 35, 40, 45, 50, 55, 60, 65