



EVENTI UISP

HEALTH FORM

*Fill out completely in capital letters, stamp, sign and return
attached to registration form*

I, Dr. (name, surname)_____ Born in (city, country)_____ On (dd/mm/yyyy)_____ With office at
(complete address)_____
And phone number_____

DECLARE

(being aware of the consequences for false declaration)

That Mr./Mrs./Ms (name, surname)_____ Born in (city, country)_____ On (dd/mm/yyyy)_____
And resident at (complete address)_____ ID document N°_____

According to medical check-ups results, That have included the following tests; Medical-sports check-up, cardiac stress test
(with electrocardiogram), urine test, spirometry test, in accordance with Italian law **(DM 18/02/82 e DM 24/04/2013)**,
is healthy and fit for competitive “(sport) track and field”

This certificate is valid until(dd/mm/yy)___ Date___

Doctor's signature and stamp_____