

Certificate of Fitness for Non-Competitive Sports Activity

(D.M. 08/08/2014)

Mrs/Mr. _____

born in _____ () date __/__/____

C.F. _____ Residing in (adress) _____

_____ () town _____

The individual, based on the medical history data I have collected, the medical examination I have conducted, the blood pressure readings, and the report of the E.C.G. performed on [Date] / / , shows no contraindications for engaging in shows no contraindications for engaging in non-competitive sports activity.

This certificate is valid for one year from the date of issue.

Place and Date

Signature and stamp of the certifying doctor