

MEDICAL CERTIFICATE FOR COMPETITIVE SPORTS ACTIVITY

The original copy of this certificate must be presented at the Italian Showdown check-in.
Please fill out completely in capital letters, stamp and sign.

I, Doctor _____
name, surname - licensed physician

Born in _____
city, country

On _____
dd/mm/yyyy

With office at _____
complete address

Phone number _____

DECLARE THAT

being aware of the consequences for false declaration

Mr./Mrs./Ms _____
name, surname

Born in _____
city, country

On _____
dd/mm/yyyy

Resident at _____
complete address

ID document N° _____

**IS HEALTHY AND FIT FOR COMPETITIVE SPORTS ACTIVITY,
IN PARTICULAR FOR THE ITALIAN SHOWDOWN FITNESS COMPETITION**

according to the medical check-ups results, that have included medical-sports check-up with electrocardiogram at rest and stress test, spirometry, test of urines (urinalyses) and diagnostic tests as by the Italian law (DM 18/02/82 e DM 24/04/2013).

Doctor's signature and stamp

Date: _____

This medical certificate is valid for 1 year from the issue date.