



EUROPEAN MASTERS GAMES TORINO 2019
MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS
PLEASE USE BLOCK LETTERS ONLY

I, Dr. (Name, Surname)

born (City, Country)

on (dd/mm/yyyy)

____ / ____ / _____

with offices at (complete address)

and phone number

HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname)

born (City, Country)

on (dd/mm/yyyy)

____ / ____ / _____

and resident at (address, city, country)

ID document n°

according to the results of medical check-ups and examinations stated by Italian law (D.M. 18/2/1982) and by EMG 2019 Terms and Conditions, is healthy and currently fit for competitive sports in general and for _____ in EMG 2019.

This certificate is valid until (dd/mm/yyyy).

The certificate must be valid at least until 11th August, 2019 included

____ / ____ / _____

date (dd/mm/yyyy)

____ / ____ / _____

Doctor's signature and stamp _____

I accept the mandatory requirements of EMG 2019 Terms and Conditions and I declare to be legally compliant with the sanitary regulations currently in force in Italy, and therefore I release the Torino 2019 European Masters Games Organizing Committee from any civil and penal responsibility for any injuries incurred.

Athlete's signature _____

IMPORTANT: MEDICAL CERTIFICATE HAS TO BE SHOWN IN ORIGINAL FOR THE ACCREDITATION