

**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 take part 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 START.

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.