



Medical Certificate

Competitive sport activity

The undersigned (licensed physician),

certify that

NameSurname.....

Born.....in..... Resident

in.....in.....

The subject, according to the clinical investigations carried out, does not present any contraindication related to activity of **competitive** open water swimming.

This certificate is valid one year as from today.

Expiration date (**mandatory !**)

Issue date (**mandatory !**)

Place.....

Physician's signature (**mandatory !**)

Physician's stamp (**mandatory !**)

THREE EXPERIENCE ASD

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Experience



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