

CIRCUITO I'M PONENTE

Certificato per stranieri / Certificate for foreigners

SPORT MEDICAL CERTIFICATE

CERTIFICAT MEDICAL SPORTIF

I, the undersigned, Dr. Je, ,Doctor of Sport Medicine soussigné Dr. ,Docteur en médecine du sport	
Certify that the examination of Mr/Ms Certifie que l'examen de M/Mme	
Date of birth: Age: Date de naissance: Age:	
ID Card Number: Data di rilascio: Date de naissance: Issue date:	

is in good health and physically and mentally conditioned to participate in the "I'm Ponente",
Open Water Swimming
competition
est en bonne santé et physiquement et mentalement conditionné pour participer à la
compétition de natation en eau libre
"I'M PONENTE"

Indicare la/le distanza/e: Indicate the distance

Medical Certificate Issued in (place):
Certificat éalbi à (lieu): naissance:

Date:
Date:

Doctor stamp and signature:
Tampon et signature du Médecin: