

## CIRCUITO I'M PONENTE

### Certificato per stranieri / Certificate for foreigners

#### SPORT MEDICAL CERTIFICATE

#### CERTIFICAT MEDICAL SPORTIF

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

- 6/7 MAGGIO 2023
- 11 GIUGNO 2023
- 7/8 OTTOBRE 2023
- 19 NOVEMBRE 2023

Indicare la/le distanza/e: Indicate the distance

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

Date:  
Date:

Doctor stamp and signature:  
Tampon et signature du Médecin: