



MED SENIOR GAMES
LIGURIA 2022

MED SENIOR GAMES LIGURIA 2022 MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS

To be filled only using uppercase letters

I, Dr. (Name, Surname) _____

born in (place of birth city, and Country)	
on (date of birth using format dd/mm/yyyy)	
contact details as follows	
Office (complete address)	
phone number (specify State code)	
email	

HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname)	
born in (place of birth city, and Country)	
on (date of birth using format dd/mm/yyyy)	
Document ID number (specify the type of document)	
contact details as follows	
Office (complete address)	
phone number (specify State code)	
email	

According to the results of medical check-ups and examinations stated by Italian law (D.M. 18/2/1982) and by MED SENIOR GAMES LIGURIA 2022 Terms and Conditions, the patient is healthy and currently fit to compete in the followings sport > _____ in MSGENOVA 2022.

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

_____ / _____ / _____

The certificate must be valid at least until 20th June 2022 included

Date (dd/mm/yyyy) _____ / _____ / _____

Doctor's signature and stamp _____

I accept the mandatory requirements of MSGENOVA 2022 Terms and Conditions and I declare to be legally compliant with the sanitary regulations currently in force in Italy, and therefore I release the MED SENIOR GAMES LIGURIA 2022 Organizing Committee from any civil and penal responsibility for any injuries incurred.

Athlete's signature _____

IMPORTANT: THE CERTIFICATE MUST BE SHOWN IN ORIGINAL FOR THE ACCREDITATION

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