

**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./Ms. (name/surname)** \_\_\_\_\_

born (city, country) \_\_\_\_\_

on (dd/mm/yyyy) \_\_\_\_\_ and resident at (complete address)

\_\_\_\_\_

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 \_\_\_\_\_

NAME OF PARTICIPANT: \_\_\_\_\_  
(please use block letters)

CLUB AND COUNTRY: \_\_\_\_\_  
(please use block letters)

**IN THE LACK OF THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE START.**

Complete and return by email to: **info@orispring.it** within **Friday 24<sup>th</sup> February 2017**.  
Deliver the **original certificate** duly signed and stamped to the event center upon arrival.

\* Competitive Categories: M/W 14, 16, 18, A, B, 35, 45, 55, 65, 75