



Surname: _____

First name: _____

Nationality: _____

Date of birth: ___ / ___ / _____

The certificate is in accordance with Italian law (DM 18/02/1982).

In order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted.

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

Nobody will attend the race without the medical certificate.

Medical Certificate
Competitive sport activity
(ONLY CAPITAL LETTERS)

I, the undersigned doctor _____ certify that the
medical examination of:

Surname: _____ First name: _____

Born on the: ___ / ___ / _____, in _____ Resident in _____

does not reveal any contraindication to the practice of competitive Athletics sport activity
(running).

This certificate will expire on ___ / ___ / _____ .

Date: ___ / ___ / _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____