

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of birth: \_\_\_ / \_\_\_ / \_\_\_

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

You will not be allowed to attend the race without the medical certificate.

This certificate is valid for a period of one year.

## MEDICAL CERTIFICATE

I, the undersigned doctor: \_\_\_\_\_

certify that the medical examination of

Family name: \_\_\_\_\_ First name: \_\_\_\_\_

Born on the: \_\_\_ / \_\_\_ / \_\_\_

does not reveal any contraindication to the practice of competitive running.

Date: \_\_\_ / \_\_\_ / \_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp/seal and professional number: \_\_\_\_\_