



BY **UTMB**

SPORT MEDICAL CERTIFICATE

FOR THE RACES: LAVAREDO 120K, LAVAREDO 80K, LAVAREDO 50K, LAVAREDO 20K, LAVAREDO 10K

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. This certificate must be uploaded to your dashboard by 15 May 2025. Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certificate.

To be filled in capital letters

DOCTOR (name, last name) _____

PROFESSIONAL NUMBER _____

DOCTOR OFFICE ADDRESS _____

PHONE _____

E-MAIL _____

I hereby declare that

MR/ MRS/ MS (name, last name) _____

BORN IN (city, nation) _____

ON (month/day/year) ____|____|____

RESIDENTIAL ADDRESS _____

can practice competitive Athletics sport activity.

This certificate is valid for a period of one year

CITY, NATION _____

DATE (month/day/year) ____|____|____

DOCTOR SIGNATURE AND STAMP

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