



Surname.....
First name
Race.....
Event.....

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

- 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 on the personal registration area
- Failure to do by this date will lead to the annulment of registration without refund.
- Nobody will attend the race without the medical certificate.

Medical Certificate 202 ...
Competitive sport activity
(ONLY CAPITAL LETTERS)

I, the undersigned doctor

Born in (city, nation) On (date)...../...../.....(dd/mm/yyyy)

Phone n..... E-mail

Office address..... City.....

Professional Code (mandatory).....

Declares to have examined the athlete:

Surname:..... First name:.....

Born on the: ____ / ____ / _____, in.....

Resident in (city, nation)

according to the (DM 18/02/1982) and does not reveal any contraindication to the practice of competitive Athletics sport activity (running).

Date: ____ / ____ / _____ (day / month / year)

This certificate will expire on ____ / ____ / _____ (day / month / year)

(maximum 1 year, mandatory)

Professional signature and stamp: (Mandatory)