



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: _____