

## SPORT MEDICAL CERTIFICATE

**ATTENTION: Form for exclusive use by foreign runners and Italians living abroad**

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 Personal Active Profile. Failure to do will lead to the annulment of registration without reimbursement. Nobody will attend the race without the medical certificate.

**DOCTOR** (name,last name) \_\_\_\_\_

**BORN IN** (city,nation) \_\_\_\_\_

**ON** (day/month/year) \_\_\_\_|\_\_\_\_|\_\_\_\_

**DOCTOR OFFICE ADDRESS** \_\_\_\_\_

**PHONE / MAIL ADDRESS** \_\_\_\_\_

**I hereby declare that**

**MR/ MRS/ MS** (name, last name) \_\_\_\_\_

**BORN IN** (city,nation) \_\_\_\_\_

**ON** (day/month/year) \_\_\_\_|\_\_\_\_|\_\_\_\_

**RESIDENTIAL ADDRESS** \_\_\_\_\_

**has no contraindications and is suitable to the competitive practice of trail running.**

**This certificate is valid for a period of one year**

**CITY, NATION** \_\_\_\_\_

**DATE** (day/month/year) \_\_\_\_|\_\_\_\_|\_\_\_\_

**DOCTOR SIGNATURE AND STAMP**

<b>DOCTOR SIGNATURE AND STAMP</b>