



First Name: _____

Second Name: _____

Date of Birth: _____

Email: _____

The certificate is in accordance with Italian law. However, 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 usually stamps it or specifies his professional number (unless he is an Italian doctor).

This certificate must be sent by email to: info@traildeglieroi.it

MEDICAL CERTIFICATE

I, the undersigned doctor _____

certify that the medical examination of: _____

First name: _____ Second name: _____

Born on the ____/____/____,

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

Date ____/____/____

Signature of doctor:

Professional stamp/seal
(or professional number)