



Surname: _____

First name: _____

Nationality: _____

Date of birth: ___ / ___ / _____

*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.
Failure to do by this date will lead to the annulment of registration without reimbursement.
Nobody will attend the race without the medical certificate.*

**Medical Certificate 2023
Competitive sport activity
(ONLY CAPITAL LETTERS)**

I, the undersigned doctor _____
certify that the medical examination of:

Surname: First name:

Born on the: ___ / ___ / _____, in

Resident in

does not reveal any contraindication to the practice of competitive Athletics sport activity (running).

This certificate will expire on ___ / ___ / _____(mandatory)

Date: ___ / ___ / _____

Legible Signature of doctor: _____
(mandatory)

Professional stamp/seal and professional number: _____
(mandatory)