



MATTERHORN CERVINO X TRAIL 2018
HEALTH CERTIFICATE FOR HIGH – INTENSITY SPORTS

Fill and sign this form, then send it by fax +39 0165261127 or by e-mail info.cervinoxtrailers@gmail.com.

I. Dr. (name, surname) _____

Born (city, country) _____

On (dd/mm/yyyy) _____

With offices at (complete address) _____

And phone number _____

Hereby state

That Mr / Mrs / Ms (name, surname) _____

Born (city, country) _____

On (dd/mm/yyyy) _____

And resident at (address, city, country) _____

ID document N° _____

According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon in particular.

This certificate is valid until
(dd/mm/yyyy) _____

This certificate must be valid 1 Year.

Date (dd/mm/yyyy) _____

*Physician's
signature and
stam* _____

Personal history records are held at the main offices of ASD Cervino Trailers, via Roma 11028 Valtournenche (Aosta - Italy) and may be reviewed, altered and deleted at any time upon the individual's requests and