



COMPULSORY MEDICAL CERTIFICATE FOR SPORT IN COMPETITION

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.

I, the undersigned Doctor of medicine,

Certify that the medical examination of Mr, Ms:

Sur name _____ First name _____

Born on the: ____/____/_____

Is capable of running a Trail of _____ Km with _____ D+ elevation gain

And does not present contraindication to the practice of running (athletics), in competition.

Date of visit: ____/____/_____

Doctor's signature and stamp

(compulsory) _____