



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 specifies his professional number.

Nobody will attend the race without the medical certificate.

**Medical Certificate**  
**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 the competitive Athletics sport activity (running)

Date: \_\_\_/\_\_\_/\_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp: \_\_\_\_\_