



Surname: _____

First name: _____

Nationality: _____

Date of birth: ____ / ____ / ____

MEDICAL CERTIFICATE FOR COMPETITIVE SPORT ACTIVITY
(ONLY CAPITAL LETTERS)

The certificate complies with Italian law (DM 18/02/1982).

To ensure that all certificates submitted from different countries are processed correctly, it is mandatory to use this form. No other forms will be accepted.

The medical certificate must be completed, dated, and signed by the doctor, who must also stamp it and indicate their professional registration number.

Please note: No one will be allowed to take part in the race without a valid medical certificate.

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)

dd / mm / yyyy

Date: ____ / ____ / ____

dd / mm / yyyy

Legible Signature of the doctor: _____ (mandatory)

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