



2018

Registration date: \_\_\_\_\_

Surname: \_\_\_\_\_

First name: \_\_\_\_\_

Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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 stamps it and specifies his professional number.

Nobody will attend the race without the medical certificate.

### Medical certificate

I, the undersigned doctor \_\_\_\_\_

certify that the medical examination of:

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Born on the: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_,

does not reveal any contraindication to the practice of competitive running over long distances and in altitude.

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

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

Professional stamp and professional number: \_\_\_\_\_

Medical certificate shall be delivered to the Organization by e-mail  
([iscrizioni@wedosport.net](mailto:iscrizioni@wedosport.net)) to validate your registration.