



2020

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) to validate your registration.**