



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.

Date: ____/____/____

Validity of the certificate: _____

Signature of doctor: _____ Professional stamp/seal and professional number: _____

ASD MONTAGNESPRIT

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