

Surname: _____

First name: _____

Nationality: _____

Date of birth: ____ / ____ / ____



The certificate is in accordance with Italian law. 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.

This certificate must be uploaded to your personal runner space at: www.wedosport.com by 25 July 2019. Failure to do so by this date will lead to the annulment of registration without reimbursement.

You will not be allowed to attend the race without the medical certificate.

MEDICAL CERTIFICATE

I, the undersigned doctor: _____

certify that the medical examination of

Family name: _____ First name: _____

Born on the: ____ / ____ / ____

does not reveal any contraindication to the practice of competitive running.

☐ 25 km

☐ 60 km

☐ Vertical

Date: ____ / ____ / ____

Signature of doctor: _____

Professional stamp/seal and professional number: _____