



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.

This certificate must be emailed to: info@cortinasnowrun.it by 21 February 2019. Failure to do by this date will lead to the annulment of registration without reimbursement.

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: ____/____/____

Signature of doctor: _____

Professional stamp/seal and professional number: _____