

Family Name: _____

First name: _____

Nationality: _____

Date of birth: ____ / ____ / ____

2019

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 sent by mail to info@sardiniatrail.com within 25 april 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 (WRITE IN CAPITAL LETTERS)

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.

Date: ____ / ____ / _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____