

**2024**

Family Name: \_\_\_\_\_

First name: \_\_\_\_\_

Nationality: \_\_\_\_\_

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 sent by mail to [info@sardiniatrail.com](mailto:info@sardiniatrail.com) within 30 april 2024. 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  
Competitive sport activity  
(WRITE IN CAPITAL LETTERS)**

The undersigned doctor \_\_\_\_\_ ,  
on the basis of the medical tests: medical visit, test of urines (urinalyses),  
electrocardiogram at rest and stress test, spirometry (diagnostic test as by the italian  
law to be able to practice competitive sports activities – ministerial Decree 18/02/1982 /  
24/04/2013)

certifies that

Family name \_\_\_\_\_ First name: \_\_\_\_\_

Born on the: \_\_\_ / \_\_\_ / \_\_\_\_\_, in \_\_\_\_\_

Resident in (city) \_\_\_\_\_ address \_\_\_\_\_

Can practice competitive Athletics sport activity.

This certificate is valid for (max. 12 months) \_\_\_\_\_

And will expire on \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp/seal and professional number: \_\_\_\_\_