



BIB NUMBER _____
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 usually stamps it or specifies his professional number (if he is not an Italian doctor).

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 the doctor

PROFESSIONAL STAMP/SEAL
(OR PROFESSIONAL NUMBER)