



First Name: _____

Second Name: _____

Date Of Birth: _____

Email: _____

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 (unless he is an Italian doctor).

This certificate must be sent by internet via:

https://www.mysdam.net/store/data-entry_31106.do

and it also has to be consigned at the registration desk in Alano di Piave, Italy.

Medical Certificate

I, the undersigned doctor _____

certify that the medical examination of: _____

First name: _____ Second name: _____

Born on the ___/___/_____,

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

Date: ___/___/____

Signature of doctor:

Professional stamp/seal
(or professional number):