This is the ONLY certificate that will be accepted from foreign runners.

It needs to be filled in, signed and printed by a doctor.

Please bring a copy with you at the bib pick up. Organization will ask for a copy of it.

You won’t be able to race without a valid certificate.

Failure to provide it to the organization, will cancel your registration with no refund.



**Medical Certificate for competitive**

**Trail running activity**

I, the undersigned doctor \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Certify that the medical examination of:

Last Name: . . . . . . . . . . . . . . . . . . . . . First Name: . . . . . . . . . . . . . . . . . . . . . . . .

Date of Birth: / / ,

Does not reveal any contraindication to the practice of competitive Trail running activity

 Date: / /

Validity of the certificate: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

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

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