

MEDICAL CERTIFICATION

The undersigned Doctor.....,

CERTIFY

That the medical conditions and the tests conducted on

Surname.....Name.....

Born on in

Does not reveal any side effect to run in the competition race and the individual is fit to race according to the Italian medical standards

Date.....

Signature of the doctor

Professional stamp

Note that the certificate is formed according to the rules of the Italian Law. It is compulsory to use this form. The medical certificate is to be fill in in any part by the Doctor, date and signed with professional stamp and the number of Doctor's practice.

You must file and/or deliver the document to collect the Bib number

You are not entitled to race without the certificate.