SPORT MEDICAL CERTIFICATE

(FOR THE RACES:GTC100 GTC55 GTC30/TORX450 TORX330 TORX130 TORX100 TORX30/ARRANCABIRRA)

ATTENTION: Form for exclusive use by foreign runners and Italians living abroad

The certificate is in accordance with Italian law (DM 18/02/1982).
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 uploaded to your Personal Active Profile. Failure to do will lead to the annulment of registration without reimbursement. Nobody will attend the race without the medical certificate.

DOCTOR (name,last name) _____

PHONE NUMBER _____

EMAIL ADDRESS _____

DOCTOR OFFICE ADDRESS _____

PROFESSIONAL CODE _____

I hereby declare that

MR/ MRS/ MS (name, last name) _____

BORN IN (city,nation) _____

ON (day/month/year) _____|_____|_____

RESIDENTIAL ADDRESS _____

has no contraindications and is suitable to the competitive practice of trail running.

This certificate is valid for a period of one year

CITY, NATION _____

DATE (day/month/year) _____|_____|_____

DOCTOR SIGNATURE AND STAMP