SPORT MEDICAL CERTIFACE

ATTENTION: Form for exclusive use by foreign runners

To ensure that we treat all certificates sent from different countries correctly, it is compulsory to use this form; no other form will be accepted. This medical certificate must be completed, dated, and signed by the doctor, who then stamps it and specifies their professional number.
This certificate must be submitted before the event, or provide the original or a copy of the vision at the bibs delivery check-in. During bibs delivery, you may be required to undergo blood pressure measurement and an electrocardiogram (ECG) test at the main venue.
Failure to do so will result in the annulment of the registration without reimbursement. No one will be allowed to attend the race without a medical certificate.

DOCTOR (name, last name) _____

BORN IN (city, nation) _____

ON (day/month/year) _____

DOCTOR OFFICE ADDRESS _____

PHONE / MAIL ADRESS _____

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