

SPORT MEDICAL CERTIFICATE

(FOR FUGA Glacier Extreme GONGGA 100)

ATTENTION: Form for exclusive use by foreign runners

To ensure we process certificates from all countries correctly, it is compulsory to use this form; no other form will be accepted. This medical certificate must be completed, dated, signed, or stamped by a doctor, including their professional number.
 You must submit this certificate before the event, or provide the original or a copy at the bib collection. During bib collection, you may be required to undergo a blood pressure and ECG test at the main venue.
 Failure to do so will result in the cancellation of your registration without refund. No one will be allowed to race without a medical certificate.

DOCTOR (name, last name) _____

BORN IN (city, nation) _____

ON (day/month/year) _____

DOCTOR OFFICE ADDRESS _____

PHONE / MAIL ADDRESS _____

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 OR STAMP