

SPORT MEDICAL CERTIFICATE

FOR THE RACES: GRIGNE SKYMARATHON TROFEO DAVIDE INVERNIZZI 2025

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 valid on the day of the competition (20 - 21 September 2025). Failure to comply will result in non-participation in the race without refund of the entry fee

Nobody will attend the race without the medical certificate.

To be filled in capital letters

DOCTOR (name, last name) _____

PROFESSIONAL NUMBER _____

DOCTOR OFFICE ADDRESS _____

PHONE _____

E-MAIL _____

I hereby declare that

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

BORN IN (city, nation) _____

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

RESIDENTIAL ADDRESS _____

can practice competitive Athletics sport activity.

This certificate is valid for a period of one year

CITY, NATION _____

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

DOCTOR SIGNATURE AND STAMP

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