



Delicious Trail Dolomiti

HORIZONSOFYOURSOU

Surname:	_____
First name:	_____
Date of birth:	_ / _ / _

2023

This certificate is in accordance with Italian law. However, to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form because no other will be accepted.

It has to be filled in, dated and signed by the doctor, who stamps it and states his professional number.

This certificate must be emailed to delicious@evodata.it by 28th September 2023 or submitted as a photocopy to the organisation.

Failure to do by this date will lead to the annulment of registration without reimbursement. You will not be allowed to enter the race without this medical certificate.

Medical certificate

I, the undersigned doctor _____

certify that the medical examination of:

Surname: First name:

Born on the: _____ / _____ / _____,

does not reveal any contraindication to the practice of competitive running.

Date: _____ / _____ / _____

Validity of the certificate: _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____