



**Delicious Trail
Dolomiti**

HORIZONS OF YOUR SOUL

Surname _____

First name _____

Date of birth ____ / ____ / ____

2024

This medical certificate of fitness for competitive sports/athletics complies with Italian law.

It is compulsory to use this form to ensure that all medical certificates from different countries are valid. No other certificate will be accepted.

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

Please upload your medical certificate to your personal area using the link provided in your registration confirmation email.

Failure to provide this will result in the entry being cancelled and no refund given.

The medical certificate is mandatory for participation in the race.

MEDICAL CERTIFICATE

I, the undersigned doctor _____ certify that
the medical examination of:

Surname: First name:

born on the ____/____/____, does not reveal any contraindication to running at a competitive level.

Date: ____ / ____ / ____

Validity of the certificate: _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____