



The certificate is in accordance with Italian law (DM 18/02/1982). However 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. This certificate must be sent to [info@beccadinona.it](mailto:info@beccadinona.it) or charged in the personal area on wedosport.net by 10 July 2024. Failure to do by this date will lead to the annulment of registration without reimbursement. **Nobody can attend the race without the medical certificate.**

### 2024 HEALTH CERTIFICATE FOR HIGH-INTENSITY SPORTS:

I, the undersigned Dr. (name, surname) \_\_\_\_\_

Born (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

With seat in (complete address) \_\_\_\_\_

And phone number \_\_\_\_\_

#### Hereby state

That Mr/Mrs/Ms (name, surname) \_\_\_\_\_

Born (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

And resident at /address, city, country) \_\_\_\_\_

ID document N° \_\_\_\_\_

According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon.

This certificate is valid until (dd/mm/yyyy) \_\_\_\_\_

*This certificate must be valid 1 Year.*

Date (dd/mm/yyyy) \_\_\_\_\_

*Physician's signature and stamp*