



MEDICAL CERTIFICATE

Me, the undersigned Dr.

Certify that I have visited Mr:

Surname

Name

Date of birth

whom will participate to the amatorial ultra-strenght race : " MARATHON TRAIL LAKE COMO " and not to have noticed any contraindication to the practice of the long-duration running race in the mountains.

Dates of the competition:

Place and date

Stamp and signature of the physician

FOR THOSE WHO ARE IN POSSESSION OF A VALID ROAD RACING MEDICAL CERTIFICATE, SEND A COPY OF THE CERTIFICATE TOGETHER WITH THE FILLED PERSONAL DECLARATION VIA E-MAIL (FILL THE MEDICAL CERTIFICATE ON THE FORM IS NOT MANDATORY). BRINGING THE ORIGINAL COPY WITH YOU AT THE RACE-PACK WITHDRAW IS MANDATORY.