



Sport event: PALE ULTRA TRAIL

9th June 2019 – Foligno (PG) – Italy

Two trail running races: Pale Ultra Trail 54 km - Pale Sky Trail 23 km

Surname: _____ First name: _____

Date of birth: ____ / ____ / ____ Registration number: _____

The certificate is in accordance with Italian law. 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, who stamps it and specifies his professional number. This certificate must be sent to Megalesia ASD Association by email by 4th June 2019 (email: paleultratrail@gmail.com).

Failure to do by this date will lead to the annulment of registration without reimbursement. Nobody will attend the race without the 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 over long distance.

Medical certificate issued in (place): _____ Date: ____ / ____ / ____

Professional stamp/seal and professional number:

Signature of doctor
