



Surname:

First name:

Nationality:

Date of birth:

Race ( circle the right race ) :

40k

25k

15k

The certificate is in accordance with Italian law (DM 18/02/1982). 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 send to mailbox [info.vdgtrail@gmail.com](mailto:info.vdgtrail@gmail.com) by 11<sup>th</sup> of July 2026. Failure to do by this date will lead to the annulment of registration without reimbursement. Nobody will attend the race without the medical certificate

I, the undersigned doctor \_\_\_\_\_ certify that the medical examination of:

Surname: ..... First name: ..... Born on the: \_\_\_ / \_\_\_ / \_\_\_\_\_, in ..... Resident in .....  
..... does not reveal any contraindication to the practice of competitive Athletics sport activity (running).

This certificate will expire on \_\_\_ / \_\_\_ / \_\_\_\_\_ .(mandatory) dd / mm / yyyy Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ dd / mm / yyyy .

Leggible Signature of doctor: \_\_\_\_\_ (mandatory)

Professional stamp/seal and professional number: \_\_\_\_\_