



## MEDICAL CERTIFICATE

### TRAIL del Moscato 54 – 21 – 10 km

Fill out completely, sign and return by e-mail: [iscrizioni@wedosport.net](mailto:iscrizioni@wedosport.net)

**Please use BLOCK LETTERS ONLY**

I, Dr (first name, last name ) \_\_\_\_\_

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

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

With offices at (complete address) \_\_\_\_\_

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

Declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/Ms (first name , last name) \_\_\_\_\_

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

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

And resident at (complete address) \_\_\_\_\_

With the following disability (if applicable) \_\_\_\_\_

Based on a sport physical exam done by me on (dd/mm/yyyy) \_\_\_\_\_

Is in good health and fit to compete in a Trail del moscato (54 km – 21 km – 10 km ) running competition according to current laws.

This certificate is valid one year from this date

In date \_\_\_\_\_ Physician's signature \_\_\_\_\_

Stamp of the physician \_\_\_\_\_

Personal history records are held at the main offices of Asd Dynamic Center Valle Belbo - Cn - IT and may be reviewed, altered and deleted at any time upon the individual's request, and addressed to the legal representative responsible for the handing of said records.