



# TRAIL DEL CINGHIALE NOVEMBER 27th 2020

## HEALTH FORM

Complete and return by email to [iscrizionitraildelcinghiale@gmail.com](mailto:iscrizionitraildelcinghiale@gmail.com)

PLEASE USE BLOCK LETTERS

Dr. \_\_\_\_\_  
with office in (complete address) \_\_\_\_\_  
contact telephone \_\_\_\_\_

## CERTIFIES

Having examined on (dd/mm/yyyy) \_\_\_\_\_ Mr./Mrs. (name/surname)  
\_\_\_\_\_ born in (city, country) \_\_\_\_\_  
\_\_\_\_\_ on (dd/mm/yyyy) \_\_\_\_\_ and  
resident at (complete address) \_\_\_\_\_

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

according to the current law **HAVE NOT** found any medical contraindication to compete in trail running races (ultradistance) that require an extreme resistance from the runner, carrying his body to the limit in terms of cardio, respiration, muscles, articulation and nervous system. This certificate is valid one year from this date.

Date: \_\_\_\_\_ Doctor's signature and stamp: \_\_\_\_\_