



COMANO URSUS EXTREME TRAIL

64 km
4800 d+
28 km
2400 d+
minitrail

Registration number: _____

Surname: _____

First name: _____

Date of birth: _____

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 emailed to: **info@comanomountainrunners.it**

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: ____ / ____ / ____

does not reveal any contraindication to the practice of competitive running.

Date: ____ / ____ / ____

Validity of the certificate: _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____

