



MEDICAL CERTIFICATE REQUIRED FOR COMPETITIVE RUNNERS

Under the provisions of the new FIDAL (ITALIAN ATHLETIC FEDERATION) rule (April 20, 2005, Art. 1 comma 2.3, Art. 10 comma 6 and Art. 11 comma 4), all runners are required to produce proof of their fitness to participate in running competitions. Such proof must be in the form of a medical certificate issued by a sport or family doctor following a medical examination and not more than one year prior to the date of the race.

The certificate must testify that he/she is fit to participate in a full marathon (42 K). The certificate will only be accepted if issued within 12 months of the date of entry.

The original copy of the medical certificate must be shown to one of the following official location to receive a race number and t-shirt :

- 1- Lega Italiana per la Lotta contro I Tumori – Sez. Firenze Viale A. Volta, 173- Firenze Tel. 055.576939 hours 9 to 13.30 and 14.30 to 18 Mon to Fri
- 2- Firenze Marathon Viale M. Fanti, 2 – Firenze tel. 055.5522957 hours 9 to 12.30 and 14.30 to 17.30 Mon to Fri
- 3- FILE Via di San Niccolò, 1 Firenze Tel. 0552001212 hours 9 to13 and 14.30 to 17.30 Mon to Fri
- 4- Negozio “Isolotto dello Sport” Via dell’Argingrosso, 69 A/B Firenze Tel. 055.7331055 hours 9.30 to 13 and 15.30- 19.30 Mon to Sat (check shop hours)
- 5- Negozio “Universo Sport” Piazza Duomo, 6R Firenze Tel. 055.284412 continues 10 to 19 Mon to Sat (check shop hours)

WITHOUT A VALID MEDICAL CERTIFICATE ONE CANNOT COMPETE IN THE 12 K COMPETITIVE RACE OF CORRI LA VITA 2007.

HEALTH CERTIFICATE

I, Dr. (name, surname)

born (city, country) _____ on (dd/mm/yyyy) _____

with office at (complete address)

Phone number

I declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs./Ms (name/surname)

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 competitive race according to current laws.

This certificate is valid one year from this date

Date _____

Doctor's signature _____
