

**SPORT MEDICAL CERTIFICATE**  
**LAGO MAGGIORE HALF MARATHON 06/03/2011**

**Medical Certificate request based on art. 12/6 “Norme per l’Organizzazione delle Manifestazioni” of the Italian Athletic Federation (FIDAL) Regulation, concerning participation of foreign athletes, and therefore participating with a Daily FIDAL Membership Card (Cartellino Giornaliero) to athletic competitions in Italy.**

Please fill in all spaces, sign it and return by: fax: +39 0323 922 761 / e-mail: [info@pro-motion.it](mailto:info@pro-motion.it) / regular mail: Sport PRO-MOTION A.S.D. Via Marconi, 3 - 28831 Baveno – VB - Italy)

Doctor. (name, surname): \_\_\_\_\_

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

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

Office at (complete address): \_\_\_\_\_

Phone/Fax number: \_\_\_\_\_

I hereby declare that, Mr/Mrs/Ms (name, surname): \_\_\_\_\_

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

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

Resident at (complete address): \_\_\_\_\_

Based on sport physical examination done on (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

I hereby declare that Mr/Mrs/Ms (name, surname) \_\_\_\_\_ is in good health and fit to compete in a 21,0975 Km (Lago Maggiore Half Marathon – 06/03/2011) competition according to current Italian laws.

This Sport Medical Certificate **is considered valid for the practice of sports at agonistic level** (Medical Certificate request based on art. 12/6 “Norme per l’Organizzazione delle Manifestazioni” of the Italian Athletic Federation (FIDAL) Regulation, concerning participation of foreign athletes, and therefore participating with a Daily FIDAL Membership Card (Cartellino Giornaliero) to athletic competitions in Italy.

This certificate is valid for a period of one year.

Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Doctor signature and stamp: \_\_\_\_\_