TUSCANY CROSSING

19-20 april 2024

Surname: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

First name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Nationality: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date of birth: ___ / ___ / _____

Race( ) Walk ( )

161k☐ 103k☐ 54k☐ 54k ☐

The certificate is in accordance with Italian law (DM 18/02/1982).

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 uploaded to your Personal Active Profile

https://www.tuscanycrossing.com/zonaprivata by 10/04/2024.

Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certificate.

Medical Certificate 2024
Competitive sport activity
(ONLY CAPITAL LETTERS)

I, the undersigned doctor _

certify that the medical examination of:

Surname: . . . . . First name: . . . . . .

Born on the: ____ / ____/ _____, in . . . . . .

Resident in . . . . . .

does not reveal any contraindication to the practice of competitive Athletics sport activity (running).

This certificate will expire on ___ / ___ / _____ .(mandatory)

Date: ___ / ___ / _____

Leggible Signature of doctor: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
. (mandatory)

Professional stamp/seal and professional number: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
(mandatory)