



**Certificate of health**

**Medical certificate**

I, Dr. (Name and Surname)

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certify,

that Ms./Mrs./Mr. \_\_\_\_\_

place and date of birth \_\_\_\_\_

is able to practice sport. There are no contradictions, that the examined person can participate at running events.

This medical certificate is in accordance with the Italian law.

This medical certificate must be sent together with the registration form to the organization ([info@brixenmarathon.it](mailto:info@brixenmarathon.it))

Date \_\_\_\_\_

(Validity: 1 year)

Signature and stamp of the Doctor

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