



**MISURINA**  
WINTER RUN

## Health form for athletes residing outside of Italy

This certificate is in accordance with the Italian law; however, to make sure that we treat all certificates sent from different countries correctly, it is compulsory to use this form. No other one will be accepted.

This form, completely filled in and signed by a licensed physician, needs to be e-mailed to [info@trecimeexperience.com](mailto:info@trecimeexperience.com) **by February, 24st 2024.**

Failure to do so will lead to the annulment of registration for the competition without reimbursement, as no athlete is allowed to run the race without a valid health certificate.

I, the undersigned physician .....

on the basis of the medical examination done on the .... /.... /.....

### CERTIFY THAT

last name: ..... first name: .....

born on the: .... /.... /..... and residing in .....,

**IS IN GOOD HEALTH AND CAN PRACTICE COMPETITIVE RUNNING.**

Date: .... / .... / .....

**The doctor**  
**(Signature and stamp)**

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