FORNACIONE NIGHT TRAIL

16-05-2026

HEALT FORM

PLEASE, USE BLOCK LETTERS ONLY

Fill out completely in capital letters, stamp, sign and return attached to registration form

I, Dr. (name, surname) _____

Born in (city, country) _____

On (dd/mm/yyyy) _____

With office at (complete address) _____

And phone number _____

DECLARE
(being aware of the consequences for false declaration)

That Mr./Mrs./Ms (name, surname) _____

Born in (city, country) _____

On (dd/mm/yyyy) _____

And resident at (complete address) _____

ID document N° _____

According to medical check-ups results, is healty and fit for competitive marathon.

This certificate is valid until(dd/mm/yy) _____

Date _____

Doctor's signature and stamp _____