**CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS**

*Please fill in in block letters!*

The undersigned:

*(Name und surname oft he examined doctor)*

In my capacity and responsibility as examining doctor, I declare that I acknowledge the consequences of any false statements and hereby certify that Mr/Mrs:

Name and surname:

 -------------------------------------------------------------------------------

Birthplace and date:

 --------------------------------------------------------------------------------

Resident:

 --------------------------------------------------------------------------------

**No contraindications** to participate in the Südtirol Drei Zinnen Alpine Run **(17 km and 1,333 HM).**

|  |
| --- |
| The investigation has been made according to the Italian Law for the Practice of Competitive Sports (Ministerial Decree of 18/02/1982). |

The certificate is valid for 12 months and expires on ………………………………………. .

Date and place The doctor *(stamp and signature)*

……………………………………… ………………………………………………………