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**MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS**  
(to be presented at the Race Office desk in Cogne)

**PLEASE USE CAPITAL LETTERS ONLY**

I, the undersigned, Dr. (name, surname)

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**HEREBY DECLARE THAT**

Mr. / Mrs / Ms (Name, Surname)

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born in (City, Country)

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on (dd/mm/yyyy)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

with legal address at (address, city, country)

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in accordance with Italian laws and regulations in force, and according to the outcome of clinical check-ups and examinations, is actually healthy and fit to participate in competitive cross-country ski races.

Date (dd/mm/yyyy)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Doctor's signature and stamp \_\_\_\_\_

**IMPORTANT!**

**The original copy of this certificate must be shown to the Race Office desk in Cogne.**

**Please, email a copy of this certificate to [info@marciagranparadiso.it](mailto:info@marciagranparadiso.it) to speed up the accreditation process.**