



Family Name: _____

First name: _____

Date of birth: ___ / ___ / _____

Cagliari, September 12, 2026

The certificate is in accordance with Italian law. However in order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted.

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

This certificate must be sent by mail to iscrizionicagliari@urbantrailrun.it within 06 september 2026. Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certificate.

Medical Certificate Competitive sport activity (WRITE IN CAPITAL LETTERS)

The undersigned doctor _____ ,
on the basis of the medical tests: medical visit, test of urines (urinalyses), electrocardiogram at rest and stress test, spirometry (diagnostic test as by the italian law to be able to practice competitive sports activities – ministerial Decree 18/02/1982 / 24/04/2013)

certifies that

Family name _____ First name: _____

Born on the: ___ / ___ / _____, in _____

Resident in (city) _____ address _____

Can practice competitive Athletics sport activity.

This certificate is valid for (max. 12 months) _____

And will expire on _____

Date: ___ / ___ / _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____