

## Health Certificate

Please fill in every blank in block letters and legibly and upload it with the registration!

### (Doctor's Information):

I Dr. (First and Last Name): \_\_\_\_\_

With practice at (full address ): \_\_\_\_\_

Phone number \_\_\_\_\_

Declare in my capacity and responsibility as the examining doctor that I acknowledge the consequences of any false statements, and hereby certify that:

**Mr. or Ms. (First and Last Name)** \_\_\_\_\_

born in (City and Country) \_\_\_\_\_

on (DD/MM/YYYY) \_\_\_\_\_

resident at (full address) \_\_\_\_\_

appeared today (DD/MM/YYYY) \_\_\_\_\_

and that:

a medical examination for sports fitness was conducted. According to the applicable legal regulations, I confirm the good physical condition of the examined person and their fitness to participate in the Reschenseelauf **15.1 km on 11.07.2026!**

This certificate is valid for 1 (one) year from the date of the examination.

**\*\* Signature and Stamp of the Doctor:** \_\_\_\_\_

**\*\* Data:** \_\_\_\_\_

The certificate is only valid and accepted if **the stamp, signature, and date are provided\*\***.

N.B. According to Italian law, a health certificate is valid for only 1 year and must be valid on the day of the competition.

Personal data will be stored at the office of the Reschensee Run and can be reviewed, changed, or deleted at any time upon request by the interested party via email. The request must be sent to the email address [info@reschenseelauf.it](mailto:info@reschenseelauf.it)