

*del riso*  
**LA MARATONA**  
5° EDIZIONE  
**SANTHIA' (VC) - VENERDÌ 1 MAGGIO 2020**



**HEALTH FORM DEL RISO LA MARATONA SANTHIA' (VC) –1 MAY 2020**

(Fill out sign and return by email to: delrisolamaratona@gmail.com)

PLEASE USE BLOCK LETTERS ONLY

I , Dr. (name, surname)

born (city, country) \_\_\_\_\_ on (dd/mm/yyyy) \_\_\_\_\_

complete address of studio \_\_\_\_\_

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

declare myself fully responsible and accept the consequences for falsely declaring that Mr/Ms (name/surname) \_\_\_\_\_

born (city, country) \_\_\_\_\_ on (dd/mm/yyyy) \_\_\_\_\_ and resident at

(complete address) \_\_\_\_\_

with the following disability (if applicable) \_\_\_\_\_

\_\_\_\_\_ based on a sport physical exam done by me on (dd/mm/yyyy) \_\_\_\_\_ is in good health and fit to compete in a 42, 195 metre marathon according to current italians laws ( Ministerial Decree 18/02/1982) This certificate is valid one year from this date

Date \_\_\_\_\_

Doctor's signature \_\_\_\_\_

Doctor's stamp