



## HEALTH FORM

***Fill out completely in capital letters, stamp, sign and return attached to registration form***

Dr. (name, surname) \_\_\_\_\_

Born in (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

With office at (complete address) \_\_\_\_\_

And phone number \_\_\_\_\_

### DECLARE

**(being aware of the consequences for false declaration)**

That Mr./Mrs./Ms (name, surname) \_\_\_\_\_

Born in (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

And resident at (complete address) \_\_\_\_\_

ID document N° \_\_\_\_\_

According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon in particular.

This certificate is valid until (dd/mm/yy) \_\_\_\_\_

Date \_\_\_\_\_

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