



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 _____