

HEALTH FORM

INTERNATIONAL LAKE GARDA MARATHON 2015

Fill out completely, sign and return by: fax +39 041 5085168 – e.mail to lgm@tds-live.com

PLEASE, USE BLOCK LETTERS ONLY

I, Dr. (first name, last name)

born (city, country)

on (dd/mm/yyyy)

with offices at (complete address)

and phone number

declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/Ms (first name, last name)

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)

According to medical check-ups results, That have included the following tests- Medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law **(DM 18/02/82 e DM 24/04/2013)**, is **healthy and fit for competitive “(sport) track and field”**

This certificate is valid until (dd/mm/yy) _____

In date _____ **Doctor's signature and stamp**_____