



DECLARATION of HEALTH - 4^ Mezza Maratona Città di Pontassieve

Fill out completely sign and return by fax to Toscana Timing number:

+39 0587 24 00 30 or by email to iscrizioni@toscanatiming.it

Please use block letters only

I, Dr.(first name, last name) _____

born (city) _____ prov. _____

Country _____ On (dd/mm/yyyy) _____

with office at (complete address) _____ Phone

n° _____ declare myself fully responsabile and acnkowledge the

consequences for falsely

DECLARING THAT:

Mr/Mrs/Ms (first name, last name) _____

born (city) _____ prov. _____

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, next 01 May 2018, in a 21.097 metres half marathon according to

the current laws.

This certificate is valid one year from this date.

Date _____

Physician's signature _____