



## **DECLARATION of HEALTH - 5^ 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](mailto: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 2019, 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 \_\_\_\_\_