



DECLARATION of HEALTH - 3[^] Mezza Maratona Città di Pontassieve

Fill out completely sign and return by fax to TDS number: +39 041 50 86 039 or by email mezzapontassieve@tds-live.com - 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 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 _____