

DECLARATION of health NON COMPETITIVE 8 KM XXXVI Half Marathon Firenze

Fill out completely sign and return by fax to UISP Firenze Atletica number: +39 0559029629 or by email info@halfmarathonfirenze.it

Please use block letters only

I, Dr.(first name, surname) _____

born in (city) _____ Country _____

On (dd/mm/yyyy) _____

with office at (complete address) _____ 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° _____

Diagnostic test as by the Italian law to be able to practice non competitive sports activities in accordance with Italian law (DM 18/02/82 e DM 24/04/2013)

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

Date _____ Doctor's signature and stamp _____