

DECLARATION of health 21,097 KM Half Marathon Firenze 2020

Fill out completely sign and return by email to UISP Firenze Atletica: 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° _____

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 will expire on (dd/mm/yy) _____ (maximum one year from the date of issue)

Date _____ Doctor's signature and stamp _____