

## DECLARATION of health NON COMPETITIVE 8 KM Half Marathon Firenze 2020

Fill out completely sign and return by email to UISP Firenze Atletica: [info@halfmarathonfirenze.it](mailto: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 will expire on (dd/mm/yy) \_\_\_\_\_ (maximum one year from the date of issue)

Date \_\_\_\_\_ Doctor's signature and stamp \_\_\_\_\_