

## DECLARATION of health 21,097 KM Half Marathon Firenze 2023

Fill out completely sign and return by email to UISP Firenze Atletica: [hmfirenze@tds.sport](mailto:hmfirenze@tds.sport)

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 \_\_\_\_\_