



AMARATHON
DELLA VALPOLICELLA

4° AMARATHON

1 MAGGIO 2019 **HEALTH FORM**

Fill out completely, sign, and return

> e-mail: veneto@mysdam.it

I, Dr. (name, surname)

born (city, country)

on (dd/mm/yyyy)

with offices at (complete address)

and phone number

declare myself fully responsible and acknowledge the consequences for falsely declaring that:

Mr/Mrs/Ms (name, surname)

born (city, 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 current laws.
This certificate is valid one year from this date.**

Date _____

Physician's signature _____