



AMARATHON
DELLA VALPOLICELLA

7° AMARATHON
1 MAGGIO 2024 HEALTH FORM



*Fill out completely in capital letters, stamp,
sign and return attached to registration form*

I, Dr. (name, surname) _____

Born in (city, country) _____

On (dd/mm/yyyy) _____

With office at (complete address) _____

And 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 running races.

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

Date _____

Doctor's signature and stamp _____