

Chianti Classico **MARATHON**

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 “(sport) track and field”.

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

Date _____

Doctor's signature and stamp _____