



16° MOVE IT GARDA ARCESE

12th NOV 2017 *health form*

FILL OUT COMPLETELY, SIGN, AND RETURN

by e-mail segreteria@sdam.it
or by Fax to the number +39 0521 1857115

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 metre marathon according to current laws.
This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 / /

PHYSICIAN'S SIGNATURE
