



# 4° 10K GARDA TRENINO

11<sup>th</sup> NOV 2018 *health form*

**FILL OUT COMPLETELY, SIGN, STAMP AND RETURN**

by e-mail [iscrizioni@sdam.it](mailto:iscrizioni@sdam.it)  
or by Fax to the number +39 051 9525760

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 10K according to current laws.  
This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 /  / 

PHYSICIAN'S SIGNATURE

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