



19° GARDA TRENINO HALF MARATHON

8th NOV 2020 health form

FILL OUT COMPLETELY, SIGN, STAMP AND RETURN

by e-mail garda2020@dreamchrono.it
or by Fax to the number +39 075 630 623 90

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)

ED ON A SPORT PHYSICAL EXAM DONE BY ME ON (DD/MM/YYYY)

is in good health and fit to compete in a half marathon according to current laws.

This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 / /

PHYSICIAN'S SIGNATURE
