



21° GARDA TRENINO HALF MARATHON

12th NOV 2023 *health form*

FILL OUT COMPLETELY, SIGN, STAMP AND RETURN

by e-mail gthm@evodata.it

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)

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity for competitive sports. This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 / /

PHYSICIAN'S SIGNATURE
