

HEALTH FORM

13th CHIANTI MARATHON

18-19-20th October – 2019

Fill out completely, sign and return by: fax +39 041 5086457 – e.mail chianti@tds-live.com

P L E A S E , U S E B L O C K L E T T E R S O N L Y

I, Dr. (first name, last name)

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 (first name, last name)

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 42,195 meters marathon / 21,000 meters / 13,000 meters according to current laws. This certificate is valid one year from this date.

In date _____ **P h y s i c i a n ' s s i g n a t u r e a n d s t a m p** _____

Personal history records are held at the main offices of A.S. D. La B uletta - S i e n a – I t a l y , and may be reviewed, altered and deleted at any time upon the individual's request, and addressed to the legal representative responsible for the handling of said records .