

FORNACIONE Night **Trail**

HEALT FORM

PLEASE, USE BLOCK LETTERS ONLY

Fill out completely in capital letters, stamp, sign and return
attached to registration form

I, Dr. (name, surname) _____

Born in (city, country) _____

On (dd/mm/yyyy) _____

With office at (complete address) _____

And phone number _____

DECLARE

(being aware of the consequences for false declaration)

That Mr./Mrs./Ms (name, surname) _____

Born in (city, country) _____

On (dd/mm/yyyy) _____

And resident at (complete address) _____

ID document N° _____

According to medical check-ups results, That have included the following tests; Medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law **(DM 18/02/82 e DM 24/04/2013), is healthy and fit for competitive "(sport) track and field"**

This certificate is valid until(dd/mm/yy) _____

Date _____

Doctor's signature and stamp _____