

INVERNALISSIMA 2016
LA MARATONINA AI PIEDI DI ASSISI

HEALTH FORM

FAX 003907563062390 --invernalissima2016@dreamrunners.it

DR SURNAME

DR NAME

BORN(CITY,COUNTRY)

ON(DD/MM/YYYY)

WITH OFFICES ADDRESS AT(COMPLETE ADDRESS)

AND PHONE NUMBER

HEREBY STATE

That Mr/ Mrs / Ms (name, surname)

Born(city, country)

on (dd/mm/yyyy)

and resident at(address,city,country)

ID document N°

According to the results of medical check-ups and examinations, is healthy and currently fit for competitive sports in general and for the marathon in particular.

This certificate is valid until(dd/mm/yyyy)

The certificate must be valid at least until 18/12/2016 included.

date (dd/mm/yyyy)

Physician's signature and stamp