



HEALTH FORM

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/yy)

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)

Doctor's signature