



Fill out completely sign and return by email to iscrizioni@mezzamaratonascandicci.it

(Please use block letters only)

I, Dr.(first name, surname)_____

born in (city) _____ Country _____

On (dd/mm/yyyy)_____ Phone number _____

with office at (complete address)_____

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 will expire on (dd/mm/yy)_____ (maximum one year from the date of issue)

Date _____ Doctor's signature and stamp _____