

HEALTH FORM

6th CHIANTI MARATHON - 2012

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

PLEASE, USE BLOCK LETTERS ONLY

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 / 18,000 meters / 5,000 meters according to current laws.

This certificate is valid one year from this date.

In date _____ **Physician's signature** _____

Personal history records are held at the main offices of A.S.D. La Buletta - Siena – Italy, 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.