

HEALTH FORM

PLEASE, USE BLOCK LETTERS ONLY

I, Dr. (name, surname)

born in (city, country)

on (dd / mm / yyyy)

 / /

with offices at (complete address)

and phone number

 /

HEREBY STATE

that Mr / Mrs / Ms (name, surname)

born in (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. No contra indication to athletics in competition.

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

 / /

The certificate must be valid at least until 30/04/2015 included.

date (dd / mm / yyyy)

 / /

Physician's signature
and stamp