

**Fill out completely, sign, and return**

> fax: +39 051 9525760

> e-mail: iscrizioni@sdam.it

> post address: SDAM srl - Via F. Paciotto 6/A - 43124 Alberi di Vigatto (Parma)

I, Dr. (name, surname)

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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 (name, surname)

---

born (city, country)

---

on (dd/mm/yyyy)

---

and resident at (complete address)

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with the following disability (if applicable)

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based on a sport physical exam done by me on (dd/mm/yyyy)

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**is in good health and fit to compete in a 21,097 metre half marathon according to current laws.  
This certificate is valid one year from this date.**

Date

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Physician's signature

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