



21° GARDA TRENINO HALF MARATHON

12th NOV 2023 *health form*

FILL OUT COMPLETELY, SIGN, STAMP AND RETURN

by e-mail segreteria@sdam.it

I, DR. (NAME, SURNAME)

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)

WITH THE FOLLOWING DISABILITY (IF APPLICABLE)

BASED ON A SPORT PHYSICAL EXAM DONE BY ME ON (DD/MM/YYYY)

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity. This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 / /

PHYSICIAN'S SIGNATURE
