



HEALTH FORM

XXXV FIRENZE MARATHON –25 NOVEMBER 2018

(Fill out sign and return by fax to: 0039/055/5536823, or by email to:
iscrizioni@firenzemarathon.it)

PLEASE USE BLOCK LETTERS ONLY

I, Dr. (name, surname)

born (city, country) _____ on (dd/mm/yyyy) _____

complete address of studio

Phone number

declare myself fully responsible and accept the consequences for falsely declaring that
Mr/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) _____

is in good health and fit to compete in a 42, 195 metre marathon according to current
laws.

This certificate is valid one year from this date

Date _____

Doctor's signature _____

Doctor's stamp _____