

HEALTH FORM

TERREDISIENA ULTRAMARATHON 2019

Fill out completely, sign and return by: fax +39 041 5088346 – email: terredisiena@tds-live.com

P L E A S E , U S E B L O C K L E T T E R S O N L Y

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 50,000 meters ultramarathon / 32,000 meters / 18,000 meters according to current laws.

This certificate is valid one year from this date.

In date _____ P h y s i c i a n ' s s i g n a t u r e a n d s t a m p _____

Personal history records are held at the main offices of Uisp Comitato di Siena - 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.