

HEALT FORM:

Please fill out completely, sign, and return by e-mail to info@dogishalfmarathon.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) _____

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 _____

Physician's signature _____