

The HEALTH FORM

(for foreign participants residing outside Italy)

-- PLEASE, USE CAPITAL LETTERS ONLY --

I, Dr. (first name, surname): _____

born in (city, country): _____

on (dd/mm/yyyy): _____

Phone number: _____

with offices at (complete address): _____

being aware of the consequences of false declaration

DECLARE

Mr/Mrs/Ms (first name, surname): _____

born in (city, country): _____

on (dd/mm/yyyy): _____

and resident at (complete address): _____

ID document N°: _____

is healthy and fit for competitive mountain running competition (Skraces), according to medical check-ups results that have included the following tests: medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with the Italian law (DM 18/02/82 and DM 24/04/13).

This certificate is valid until the date (dd/mm/yyyy): _____

Doctor's signature and stamp: _____