



## HEALTH FORM

*Fill out completely in capital letters, stamp, sign and return attached to registration form*

I, Dr. (name, surname) \_\_\_\_\_

Born in (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

With office at (complete address) \_\_\_\_\_

And phone number \_\_\_\_\_

### DECLARE

**(being aware of the consequences for false declaration)**

That Mr./Mrs./Ms (name, surname) \_\_\_\_\_

Born in (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

And resident at (complete address) \_\_\_\_\_

ID document N° \_\_\_\_\_

**According to medical check-ups results, that have included the following tests;**

Medical-sports checkup,

cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law

**(DM 18/02/82 e DM 24/04/2013)**

**is healthy and fit for competitive “(sport) track and field”.**

This certificate is valid until(dd/mm/yy) \_\_\_\_\_

Date \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_