



FEDERAZIONE ITALIANA DI ATLETICA LEGGERA



**MARATONINA DEI BORGH  
PORDENONE  
13 OTTOBRE 2013**

**HEALTH FORM**

**FILL OUT COMPLETELY, SIGN AND RETURN**

**BY: FAX +39 0434 26462 E-MAIL: [INFO@MARATONINADEIBORCHI.IT](mailto:INFO@MARATONINADEIBORCHI.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 ACKNOWLEDGETHE  
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 42,195 METRE MARATHON ACCORDING  
TO CURRENT LAWS. THIS CERTIFICATE IS VALID ONE YEAR FROM THIS DATE.**

DATE

\_\_\_\_\_|\_\_\_\_\_|\_\_\_\_\_|

PHYSICIAN'S SIGNATURE

\_\_\_\_\_