

# HEALTH FORM PLACENTIA MARATHON FOR UNICEF

I, Dr. (name, surname)

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born (city, country)

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on (dd/mm/yyyy)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

with offices at (complete address)

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and phone number

\_\_\_\_\_/\_\_\_\_\_

declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/Ms (name, surname)

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born (city, country)

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on (dd/mm/yyyy)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

and resident at (complete address)

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with the following disability (if applicable)

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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** \_\_\_\_\_

Personal history records are held at the main offices of ASD PLACENTIA EVENTS P i a c e n z a 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.