



January 24, 2016 - 11.00 a.m.
Autodromo Internazionale del Mugello, Scarperia (FI)

info: +39 389 8739767

www.mugellogp.it



HEALTH FORM

This Form, filled in all its parts in capital letters and signed, together with Receipt of Payment of the UISP card (eur. 15,00) (Reg. Art.2), must be sent to us not later than Sunday, January 10, 2016 by email: tesseramenti@maratonamugello.it

Dr Surname	
Dr Name	
Born (City, Country)	
On (DD/MM/YYYY)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Complete address of studio	
Phone Number	
E-mail	

Declare myself fully responsible and accept the consequences for falsely declaring

That Mr/Mrs/Ms (name, surname)	
Gender <input type="checkbox"/> M <input type="checkbox"/> F	
Born (City, Country)	On (DD/MM/YYYY)
And resident at (Complete address)	
ID document N°	
Phone number - E-mail	
Based on a sport physical exam done by me on (dd/mm/yyyy)	

According to the results of medical check-ups and examinations, is healthy and currently fit for competitive sports in general; for the discipline of athletics in particular and fit to compete in a 10,490 km according to current laws.

This certificate is valid one year from this date

/ /

The certificate must be valid at least until 24/01/2016 included.

Doctor's signature and stamp

Date _____
