

CHRISTMAS RUN 2018

HEALTH FORM

(Fill and sign this form, then send it by e-mail)

I, Dr. (name, surname)

.....

Born (city, country)

.....

On (dd/mm/yyyy)

.....

With offices at (complete address)

.....

And phone number

.....

HEREBY STATE

That Mr / Mrs / Ms (name, surname)

.....

Born (city, country)

.....

On (dd/mm/yyyy)

.....

And resident at (address, city, country)

.....

ID document N°

.....

according to the results of medical check-ups and examinations, is in good health and currently fit to practice non competitive, amateur sporting activity, half marathon in particular.

This certificate is valid until (dd/mm/yyyy)

.....

Date (dd/mm/yyyy)

.....

*This certificate must be valid at least until
23/12/2018 included.*

*Physician's
signature and
stamp*

Personal history records are held at the offices of ASD ALBATROS, via Virginia Agnelli 76, 00151 Roma, and may be reviewed, altered and deleted at any time upon the individual's requests, and addressed to the legal representative responsible for the handling of said records.