



HEALTH FORM
16TH GREEN EUROPE MARATHON

Fill out completely, sign and return by:

Fax + 39 041 - 50 85 168 E-mail bavisela@tds-live.com

I, Dr. (name, surname)
born (city, country)
on (dd/mm/yyyy)
with offices at (complete address)
and phone number
declare myself fully responsible and acknowledge the 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 meters 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 – TDS-LIVE Via delle Macchine, 14 – 30038 Spinea (VE) Italy and may be reviewed, altered and deleted at any time upon the individual's request, and addressed to the legal representative for the handling of said records.