

MARATONA DI ROMA HEALTH FORM

*(fill out completely, sign and return by: - fax: + 39 06 4065063
e-mail: info@maratonadiroma.it - Atielle Roma srl Viale B.Bardanzellu, 65 00155 Roma Italia)*

PLEASE, USE BLOCK LETTERS ONLY

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 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 Atielle Roma srl, V.le B. Bardanzellu 65 - 00155
Rome, 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.*