



2 dicembre 2018

11^a Mezza Maratona Città di Cagliari
11^a CRAI CagliariRespira Half Marathon

HEALTH FORM – FOREIGN RESIDENTS

(Fill out completely, sign, and return by fax: +39.1782217596 or by e-mail: iscrizioni@cagliarirespira.it)

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) _____
ID document n° _____
with the following disability (if applicable) _____
based on a sport physical exam done by me on (dd/mm/yyyy) _____

that included the following tests: medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law (DM 18/02/82 e DM 24/04/2013), **is healthy and fit to compete in "(sport) track and field" races and therefore can participate in a 21,097 meter half marathon or smaller distances.**

This certificate is valid one year from this date.

Date _____ Physician's signature _____

Personal history records are held at the main offices of ASD Cagliari Marathon Club 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 such record