

# HEALTH FORM

## TDP MARATHON

### 22 DECEMBER 2024

Fill out completely, sign and return by: e.mail : [team@sportification.it](mailto:team@sportification.it)

**PLEASE USE BLOCK LETTERS ONLY**

I, Dr. (first name, last name)

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born (city, country)

---

on (dd/mm/yyyy)

/ /

---

with offices at (complete address)

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and phone number

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declare myself fully responsible and acknowledge the consequences for falsely declaring that Mr/Mrs/Ms (first name, last name)

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born (city, country)

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on (dd/mm/yyyy)

/ /

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and resident at (complete address)

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with the following disability (if applicable)

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based on a sport physical exam done by me on (dd/mm/yyyy)

/ /

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is in good health and fit to compete in a 42,195 meters marathon. This certificate is valid one year from this date.

In date \_\_\_\_\_ Physician's signature and stamp \_\_\_\_\_

Personal history records are held at the main offices of A.S .D. SPORTIFICATION – Italy, 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 .