

Health Declaration for UniSalute RUN TUNE UP



WE PLEASE YOU TO FILL WITH CAPITAL LETTERS
SEND THIS FORM BY FAX OR E-MAIL **+39 0519525760 / runtuneup@sdam.it**

PHYSICIAN *first and last name* _____

birth place *city, ZIP, country* _____

date of birth *dd/mm/yyyy* _____

ambulatory *city, ZIP, country* _____

phone number _____

e-mail _____

PATIENT *first and last name* _____

birth place *city, ZIP, country* _____

date of birth *dd/mm/yyyy* _____

residence *city, ZIP, country* _____

phone number _____

e-mail _____

disability *if applicable* _____

The physician declare that the patient is in good health and fit to compete in a 21,00 km half marathon, according to the sport physical exam done by himself on (dd/mm/yyyy) _____.

The physician is fully responsible for consequences of falsely declaring. This certificate is valid one year from this date.

PRIVACY AND SIGNATURE

By completing and signing this registration form to UniSalute RUN TUNE UP 2017, I declare that I have read and specifically approves, in its entirety, the rules of the event.

DATE dd/mm/yyyy ____/____/____ PHYSICIAN SIGNATURE _____