



## 2019 HEALTH CERTIFICATE FOR HIGH – INTENSITY SPORTS

I. Dr. (name, surname) \_\_\_\_\_

Born (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

With offices at (complete address) \_\_\_\_\_

And phone number \_\_\_\_\_

### Hereby state

That Mr / Mrs / Ms (name, surname) \_\_\_\_\_

Born (city, country) \_\_\_\_\_

On (dd/mm/yyyy) \_\_\_\_\_

And resident at (address, city, country) \_\_\_\_\_

ID document N° \_\_\_\_\_

According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon.

This certificate is valid until (dd/mm/yyyy) \_\_\_\_\_

*This certificate must be valid 1 Year.*

Date (dd/mm/yyyy) \_\_\_\_\_

*Physician's signature and stamp*

Personal history records are held at the Head offices of ASD FOR Skyrunner Associates, via Roma, 62b 11028 Valtournenche (Aosta - Italy) and may be reviewed, altered and deleted at any time upon the individual's requests.