



Health Form 2019

Fill out completely, sign and return by e-mail: segreteria@maratonadipisa.com

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 practicing sports activities on regular basis and that he/she is properly prepared to participate in the event of December 15, 2019 (La Pisanina 21,097km or Cetilar Maratona di Pisa 42,195km) based on the medical rules and local regulations concerning sports activities valid within his/her country at the date of the event.

Date _____

Physician's signature