

HEALTH FORM (for foreign participants residing outside Italy)

-- PLEASE, USE BLOCK LETTERS ONLY --

I, Dr. (name, surname): _____

Born (city, country): _____

On (dd/mm/yyyy): _____

Phone number: _____

With offices at (complete address): _____

As licensed medical doctor and specialist in the sector of sports medicine in my country

DECLARE

(being aware of the consequences for false declaration)

Mr/Mrs/Ms (name, surname): _____

Born (city, country): _____

On (dd/mm/yyyy): _____

And resident at (complete address): _____

ID document N°: _____

Is healthy and fit for competitive Skyrunning competition (skyraces), according to medical check-ups results that have included the following tests: medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with the Italian law (DM 18/02/82 and DM 24/04/13).

This certificate is valid until the date (dd/mm/yyyy): _____

Doctor's signature and stamp: _____

Place and date: _____