

MARATONA DI ROMA HEALTH FORM

*(fill out completely, stamp, sign and return by fax (+ 39 06 40.65.063),
e-mail (maratona@maratonadiroma.it) or post (Atielle Roma srl Viale B.Bardanzellu, 65, 00155 Rome, Italy)*

PLEASE, USE BLOCK LETTERS ONLY

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 competitive sports in general and for the marathon in particular.

this certificate is valid until (dd / mm / yyyy)

 / /

The certificate must be valid at least until 31/03/2014 included.

date (dd / mm / yyyy)

 / /

**Physician's signature
and stamp**

*Personal history records are held at the main offices of Atielle Roma srl, V.le B. Bardanzellu 65 – 00155 Rome,
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.*