



**AMARATHON**  
DELLA VALPOLICELLA

**8° AMARATHON**  
**1 MAGGIO 2025 HEALTH FORM**



*Fill out completely in capital letters, stamp,  
sign and return attached to registration form*

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

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

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

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

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

**DECLARE**

**(being aware of the consequences for false declaration)**

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

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

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

And resident at (complete address) \_\_\_\_\_

ID document N° \_\_\_\_\_

**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 Italian law **(DM 18/02/82 e DM 24/04/2013)**,

**is healthy and fit for competitive running races.**

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

Date \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_