HEALTH FORM

(fill out completely, sign and return by e-mail: info@gttconsonno.com)

NAME_____

SURNAME_____

BORN (CITY AND COUNTRY) _____

BIRTHDATE ____ /_____ / _____

WITH OFFICE IN (COMPLETE ADDRESS)

_____
_____
_____

DECLARE MYSELF FULLY RESPONSIBLE AND ACKNOWLEDGE THE CONSEGUENCES FOR FALSELY DECLARING THAT

MR/MRS/MS (NAME, SURNAME) _____

BORN (CITY, COUNTRY) _____

BIRTHDATE ____ /_____ / _____

RESIDENT AT (COMPLETE ADDRESS)

_____
_____
_____

WITH THE FOLLOWING DISABILITY (IF APPLICABLE)

_____
_____
_____

BASED ON A SPORT PHYSICAL EXAM DONE BY ME ON (dd/mm/yyyy) ____ /_____ / _____

IS IN GOOD HEALTH AND FIT TO RUN AND COMPLETE IN 16 KM WITH 750 [m] D+, NEXT 27th APRIL 2025 IN OLGINATE (LC) TO CURRENT LAWS.

DATE____ /_____ / _____

PHIYSICIAN SIGNATURE _____