

## 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): \_\_\_\_\_

### 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 mountain running 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: \_\_\_\_\_