



Comitato Organizzatore Maratona della Città di Palermo
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HEALTH FORM

XV PALERMO MARATHON – NOVEMBER, 15 2009

(Complete and return by fax to: 0039/(0)91/7308334; or by email to:
info@palermomaratona.it; or by post to: Comitato Organizzatore Maratona Città di
Palermo –
via Vincenzo di Marco,29 – 90143 – Palermo

PLEASE USE BLOCK LETTERS ONLY

I, Dr. (name, surname)

born (city, country) _____ on (dd/mm/yyyy) _____

with office at (complete address)

Phone number

declare myself fully responsible and acknowledge the consequences for falsely
declaring that Mr/Mrs./Ms (name/surname)

born (city, country) _____ on (dd/mm/yyyy) _____

and 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 compete in a 42, 195 metre marathon according to current
laws.

This certificate is valid one year from this date

Date _____

Doctor's signature _____

