



HEALTH DECLARATION FORM FOR EXTRA EU

Fill out completely and return - attached to registration form and signed by the physician - by

Fax : +39 041.5086461.

Email: bhm@tds-live.com

PLEASE, USE BLOCK LETTERS ONLY

I, Dr. (name, surname)

BORN IN (city, country)

ON (dd/mm/yyyy)

WITH OFFICE AT (complete address)

PHONE

FAX

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 "(sport) track and field"

THIS CERTIFICATE IS VALID ONE YEAR FROM THIS DATE.

DATE

DOCTOR'S SIGNATURE AND STAMP