



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

Personal history records are held in the head office of SLR A.S.D., Viale Monte Clemo 19/F 24060 Solto Collina BG - Italy, and they may be reviewed, altered and cancelled at any time upon the individual's request and addressed to the legal representative responsible for the handling of said records.