



2020 HEALTH CERTIFICATE FOR HIGH-INTENSITY SPORTS

I. Dr. (name, surname) _____

Born (city, country) _____

On (dd/mm/yyyy) _____

With offices at (complete address) _____

And phone number _____

Hereby state

That Mr / Mrs / Ms (name, surname) _____

Born (city, country) _____

On (dd/mm/yyyy) _____

And resident at (address, city, country) _____

ID document N° _____

According to the results of medical check-ups and examinations, is healthy and currently fit for high intensity competitive sports in general and for the marathon.

This certificate is valid until (dd/mm/yyyy) _____

This certificate must be valid 1 Year.

Date (dd/mm/yyyy) _____

Physician's signature and stamp

Personal history records are held at the Head offices of ASD FOR Skyrunner Associates, via Roma, 62b 11028 Valtournenche (Aosta - Italy) and may be reviewed, altered and deleted at any time upon the individual's requests.