

FITNESS STATEMENT FOR RUNNING EVENTS IN ITALY

PLEASE USE CAPITAL LETTERS!

This is to certify that

Title _____ Name _____ Surname _____

Date of birth (dd/mm/yyyy) _____ Nationality _____

Address _____

is fit for general physical activities. There are no contraindications for the patient to participate to running events like half marathons and marathons.

This certificate expires one year after the date of issue.

Dr. (Name and surname) _____

Health Practice (Name and address) _____

Date (dd/mm/yyyy)

Signature and stamp of the Doctor