



Health Form

(fill out completely, sign and return by mail at info@1063ad.it)

I, Dr. (name, surname)

born (city, country)

on (dd/mm/yyyy) / /

with offices at (complete address)

and 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)

It is in good health and fit to race next May 15 in Isola del Giglio in accordance with applicable laws

Date _____

Physician's signature