

Certificate of good Health

Please fill out in capital letters and attached it directly during the registration:

(Particulars of the physician):

I Dr. (Name and surname): _____

Boren in (city and country): _____

at (TT/MM/JJJJ): _____

with medical practice (entire address): _____

Phone: _____

Explain in my quality and responsibility as an examining physician that I recognize the consequences of possible false statements, and certify, herewith that:

Mr oder Mrs. (Name and Surname) _____

Boren in (City and Country) _____

at (TT/MM/JJJJ) _____

resident in (entire address) _____

Has appeared today (TT/MM/JJJJ) _____ in my practice
and that

a medical investigation on sports suitability was carried out. According to the valid regulations I confirm a good physical constitution of the examined person as well as her sporty suitability to the participation on the Reschenseelauf of 15,3 km

The present certificate is valid from the time of the investigation with information of the date for 1 year.

Signature and Stamp of physician: _____

N.B. according to Italian law, a certificate of good health is valid only 1 year and must be valid on the day of the competition.

The personal data are deposited in the office of the Reschenseelauf and can be checked at the request of the prospective customer at every time, be changed or be extinguished. The application must be address to the data protection representative.!