

## STRASIMENO HEALT FORM

(fill out completely, stamp, sign and return by fax (+ 39 075 63062390),  
e-mail ([starsimeno2012@dreamrunners.it](mailto:starsimeno2012@dreamrunners.it)) or post (ASD Filippide – via Amendola, 63, 06061 – Castiglione del Lago – Pg, Italy)

**PLEASE, USE BLOCK LETTERS ONLY**

I, Dr (name, surname)

Born (city, country)

On (dd / mm / yyyy)

With offices at (complete address)

And phon 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 he althly and corrently fir for competitive sports in general and for the marathon in particular.

This certificate is valid (dd/mm / yyyy)

The certificate must be valid until 31/03/2012 included

Date (dd / mm / yyyy)

**Physician's signature**

Personal history records are held at the main offices of ASD Filippide, via Amendola, 63 – 06061 – C.Lago – Pg  
And may be reviewed, altered and deleted at any time upon the individual's request,  
And addressed to the legal representative responsible for the handling of said records.