## TUSCANY CROSSING – 100 KM VALDORCIA Health Form

## (fill out completely, sign and return by e-mail: <a href="mailto:tuscanycrossing@cronorun.it">tuscanycrossing@cronorun.it</a>

I, Dr. (name, surname)				
born (clty, 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 (clty, 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)				
Is in good health and fit to run and compete in 103 km next 21th April 2018 in Castiglione d'Orcia (SI) to current laws				

Date \_

Physician's signature