6 dicembre 2026

18ª Mezza Maratona Città di Cagliari

18th CagliariRespira Half Marathon

HEALTH FORM – FOREIGN RESIDENTS

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) .....

ID document n° .....

with the following disability (if applicable) _____

based on a sport physical exam done by me on (dd/mm/yyyy) .....

that included the following tests: medical-sports check-up, cardiac stress test (with electrocardiogram), urine test, spirometry test, in accordance with Italian law (DM 18/02/82 e DM 24/04/2013), ***is healthy and fit to compete in "(sport) track and field" races and therefore can participate in a 21,0975 meters half marathon or smaller distances.***

This certificate is valid one year from this date.

Date _____ Physician's signature_____

Personal history records are held at the main offices of ASD Cagliari Marathon Club and may be reviewed, altered and deleted at any time upon the individual's request, and addressed