

HEALTH CERTIFICATE FOR HIGH – INTENSITY SPORTS

Fill and sign this form, then send it by e-mail iscrizioni@otc-srl.it
Sending this form is mandatory to participate in Allianz Vertical Run 2020

I. Dr. (name, surname)

Born (city, country)

On (dd/mm/yyyy)

With offices at (complete address)

And phone 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 healthy and currently fit for high intensity competitive sports in general and for the marathon in particular.

This certificate is valid until
(dd/mm/yyyy)

This certificate must be valid 1 Year.

Date (dd/mm/yyyy)

*Physician's
signature and
stamp*

Personal history records are held at the main offices of ASD BA.LU Team , Via Eraclito 15/03 – Milano (MI) ITALY and may be reviewed, altered and deleted at any time upon the individual's requests, and addressed to the legal representative responsible for the handling of said records.