



## ST.ANTHONY MARATHON HEALTH FORM

(fill out completely, sign, and return by fax: +39.049.8227164, by e-mail: [info@maratonasantantonio.com](mailto:info@maratonasantantonio.com) or by mail: Assindustria Sport Padova Via E. P. Masini 2 35131- Padova Italy)

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)

---

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 compete in a 42,195 metre marathon according to current laws.**

**This certificate is valid one year from this date.**

Date \_\_\_\_\_

Physician's signature \_\_\_\_\_

*Personal history records are held at the main offices of Assindustria Sport Padova Via E. P. Masini 2 - 35131 Padova 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 such records.*