

HEALTH FORM
DOLOMYTHS RUN VERTICAL KILOMETER / SKYRACE /
SELLARONDA ULTRA TRAIL 2019

To be filled, signed by the athlete's physician to complete the entry to the Dolomites Run VK / Skyrace / Sellaronda Ultra Trail

PLEASE, USE BLOCK LETTERS ONLY

I, the undersigned Dr. (first name, last name) – licensed physician

with surgery at (complete address)

phone number

email address

declare myself fully responsible and acknowledge the consequences for falsely declaring that

Mr/Mrs/Ms (first name, last name)

born (city, country)

on (dd/mm/yyyy)

/ /

and resident at (complete address)

on the basis of the following medical and diagnostic tests (as required by the Italian Law – Ministerial Decree 18/02/1982) :

- medical visit
- test of urines
- electrocardiogram at rest and stress test
- spirometry

done on (dd/mm/yyyy)

/ /

is in good health and fit to compete in the DoloMyths Run VK / Skyrace / Sellaronda Ultra Trail according to what stated by the Italian current laws.

This certificate is valid one year from this date.

Date _____

The Doctor _____
(Stamp and signature)

In accordance with the Italian Legislative Decree 196/2003 concerning the protection of personal data, we inform you that the DoloMyths Run Organizing Committee holds information about you gathered in its ordinary course of business. Personal data records 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.