



# 23° GARDA TRENINO HALF MARATHON

## 9<sup>th</sup> NOV 2025 *health form*

**FILL OUT COMPLETELY, SIGN, STAMP AND RETURN**

by e-mail [gthm@icron.it](mailto:gthm@icron.it)

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)

The subject, according to clinical investigations carried out, doesn't present any contraindication related to sport to cardiovascular intensive activity. This certificate is valid one year from this date.

DATE (DD/MM/YYYY)

 /  / 

PHYSICIAN'S SIGNATURE

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