



## Certificate of good Health

Please fill it out in capital letters and let confirm and sign it by your doctor. The certificate must be sent by e-mail to [info@seiseralm.it](mailto:info@seiseralm.it).

### (Particulars of the physician):

I Dr. (Name and surname): \_\_\_\_\_

born in (city and country): \_\_\_\_\_

at (DD/MM/YYYY): \_\_\_\_\_

with medical practice (entire address): \_\_\_\_\_

Phone: \_\_\_\_\_

explain in my quality and responsibility as an examining physician that I recognize the consequences of possible false statements, and certify herewith that:

Mr. or Mrs. (name und surname) \_\_\_\_\_

born in (city and country) \_\_\_\_\_

at (DD/MM/YYYY) \_\_\_\_\_

resident in (entire address) \_\_\_\_\_

has appeared today (DD/MM/YYYY) \_\_\_\_\_ in my practice and that:

a medical investigation on sports suitability was carried out. According to the valid regulations I confirm a **good physical constitution** of the examined person as well as her sporty suitability to the **participation on the Seiser Alm Half Marathon (21,0975 km) on July 3, 2022.**

**The present certificate is valid from the time of the investigation with information of the date for 1 (one) year.**

Signature and stamp of physician: \_\_\_\_\_

N.B. according to Italian law, a certificate of good health is valid only 1 year and must be valid on the day of the competition.

The personal data are deposited in the office Alpe di Siusi Marketing and can be checked at the request of the prospective customer at every time, be changed or be extinguished.