

fill out completely, sign and return by:
fax: + 39 (0) 41 50 86 461 - e-mail: info@tds-live.com

Please, use block letters only

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 - T.d.s. Timing Data Service Srl, Italy 30038 Spinea (VE), Via Delle Macchine 14 - 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 said records.