

# Certificate of good Health

**Please fill it out in capital letters and let confirm and sign in by your doctor.  
The certificate must be showed at the registration.**

(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 here with that:**

Mr. or Mrs. (name and 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 KronplatzKing MTB Marathon of 50 or 81 KM.**

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 of KronplatzKing and can be checked at the request of the prospective customer at every time, be changed or be extinguished.