



# EUROPEAN MASTERS GAMES – LIGNANO 2011 HEALTH FORM

I, Dr. (name, surname)

born (city, country)

on (dd / mm / yyyy)

 /  / 

with offices at (complete address)

and phone number

 / 

## HEREBY STATE

that Mr / Mrs / Ms (name, surname)

born (city, country)

on (dd / mm / yyyy)

 /  / 

and resident at (address, city, country)

ID document N°

is healthy and physically fit to compete in the chosen sport of (please mention the sport event) programmed during the European Masters Games at Lignano Sabbiadoro, from September 10<sup>th</sup> to 20<sup>th</sup>, 2011.

this certificate is valid until (dd / mm / yyyy)

 /  / 

date (dd / mm / yyyy)

 /  / 

Physician's signature  
and stamp