



Medical certificate 2024
English

Fill in ALL the information requested:

Name of the runner (*Capital letters*)

E-mail of the runner (*Capital letters*)

I, the undersigned Dr. (*Capital letters*).....
Doctor of Medicine,

Certify that the examination of :

Mr/Mrs.....

Date of birth.....

Age.....

Does not reveal any contraindication to the practice of running in competition.

Medical certificate issued in.....

Date

Signature and stamp of doctor