

# MEDICAL CERTIFICATE

I, the undersigning Doctor....., Doctor of Medicine,

Certify that the examination of Mr / Ms .....

Date of birth : ....., Age : ....., reveals,

no clinical contraindications for participating in a running race  
(and in a swimming race for Aquathlon) in competition.

Medical certificate issued in (place): .....

Date: .....

Doctors signature's: .....

Doctors Stamp's: