

MEDICAL CERTIFICATE OF RUNNING COMPETITION NO CONTRAININDICATION

I, the signing medical doctor, _____,

Certify that :

Mr, Mrs, Miss _____

Born (Day, month, Year) _____

Has undergone a medical examination and does not present any indication against practice of running competitions.

Certificate to the applicant's request and delivered by hand :

Date (only valid if dated less than one year) _____

Place _____

Signature and stamp

Name of the Race :

Bib number if known :