



Medical certificate 2025

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