

Bib number: _____

Surname: _____

First name: _____

Date of birth: _____

Medical certificate

I, the undersigned doctor _____

certify that the medical examination of:

Surname: _____ First name: _____

Born on the: ___ / ___ / _____,

does not reveal any contraindication to the practice of competitive running.

Date: ___ / ___ / _____ Signature of doctor: _____