

Race name:

2020 MEDOC  
MARATHON

File number :

## MEDICAL CERTIFICATE

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

reveals no contraindications for participating in running competitions.

Medical certificate issued in (place): \_\_\_\_\_

Date: \_\_\_\_\_

Doctors sign: \_\_\_\_\_

Doctors Stamp: