

Race name: 2019 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: