

## MEDICAL CERTIFICATE

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,  
hereby certify that the examination of

Mr/Ms \_\_\_\_\_ Date of birth: \_\_\_\_\_

reveals no any obvious reason why they should not take part in a competitive running event for a  
marathon (42,195 km)/ Half marathon (21,1km)/distance (10 km, 5 km)

(underline whatever applicable).

Doctor's sign: \_\_\_\_\_

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

Medical certificate issued by

(institution): \_\_\_\_\_

Doctor's Stamp

Medical institution's  
Stamp: