

## 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 event for a 113 km triathlon distance (1,93 km of swimming, 90 km of bike course, 21,1 km of running course)/ Olympic triathlon distance (1,5 km of swimming, 40 km of bike course, 10 km of running course)/1/8 triathlon distance (500 m of swimming, 20 km of bike course, 5 km of running)/ for relay – distance of triathlon stage.

(underline whatever applicable).

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

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

Medical certificate issued by

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

Doctor's Stamp

Medical institution's

Stamp: