

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: