

# MEDICAL CERTIFICATE OF RUNNING COMPETITION NO CONTRAINDICATION

I, the signing medical doctor, \_\_\_\_\_,

Certify that :

Mr, Mrs, Miss \_\_\_\_\_

Born (Day, month, Year) \_\_\_\_\_

Has undergone a medical examination and does not present any indication against practice of running competitions.

Certificate to the applicant's request and delivered by hand :

Date (only valid if dated less than one year) \_\_\_\_\_

Place \_\_\_\_\_

Signature and stamp

Name of the Race :

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