Race name:	
Race number:	
MEDICAL CERTIFICATE	
I, the undersigned Dr	, Doctor of Medicine,
I, the undersigned Dr Certify that the examination of Mr/Ms_	
Certify that the examination of Mr/Ms_	Age:
Certify that the examination of Mr/Ms_ Date of birth:	Age:ating in running competitions.
Certify that the examination of Mr/Ms_ Date of birth: reveals no contraindications for particip Medical certificate issued in (place):	Age:ating in running competitions.