



**Medical Certificate**

I, the undersigned doctor \_\_\_\_\_

Certify that the medical examination of:

Last Name: ..... First Name: .....

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_,

Does not reveal any contraindication to the practice of competitive Trail running.

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

Validity of the certificate: \_\_\_\_\_

Signature of doctor: \_\_\_\_\_

Professional stamp/seal and professional number: \_\_\_\_\_