

MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS

PLEASE USE BLOCK LETTERS ONLY

I, Dr. (Name, Surname)

HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname)

born (City, Country)

on (dd/mm/yyyy)

_____ / _____ / _____

and resident at (address, city, country)

According to the results of medical check-ups and examinations, is currently healthy and fit to participate in competitive running events and in particular **Morenic Trail 2019** (5-6 October 2019) - 119km - 2540 m d+

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Date (dd/mm/yyyy)

_____ / _____ / _____

Doctor's signature and stamp _____