



## MEDICAL FITNESS CERTIFICATE (sample)

I, the undersigned Dr \_\_\_\_\_, Doctor of Medicine,

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

**reveals no contraindications for participating in running competitions.**

Medical certificate issued in (place): \_\_\_\_\_

Date of examination: \_\_\_\_\_

Physician signature: \_\_\_\_\_

Printed name: \_\_\_\_\_

Physician medical license number \_\_\_\_\_

Physician's address and telephone number