

Name of the race:

Race number:

MEDICAL CERTIFICATE

I, the undersigned _____, Docteur in médecine,
certifies that the examination of M/Mrs _____

Date of birt: _____ Age: _____

does not reveal any indication against the practice of running in competition.

Certificate established at: _____

Date: _____ Signature of the Doctor: _____

Stamp of the doctor: