

**CERTIFICAT MEDICAL
MEDICAL CERTIFICATE**

I, the undersigned(*name of the physician*),
Doctor of Medicine

Have today examined Mr/Mrs/Miss(*name of the patient*)

Born on.....(*date of birth*) in.....(*place of birth*)

And certify that he/she demonstrates a level of fitness that does not prevent the
practice of competitive running.

Certificate established on

in

Signature du Médecin :

Physician signature