



**Medical certificate**  
**of not contraindication in the practice**  
**of running in competition**

The undersigned Doctor,

Dr. \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ City \_\_\_\_\_

Country \_\_\_\_\_ Phone + (\_\_\_\_\_) \_\_\_\_\_

Certifies to have examined this day Mrs. / Miss / Mr.

NAME \_\_\_\_\_

First name \_\_\_\_\_

Birthdate \_\_\_\_\_ / \_\_\_\_\_ / 19 \_\_\_\_\_

And have noticed no contraindication in the practice of running in competition.

Date	Stamp	Signature of the doctor
_____ / _____ / 20 _____		
<small>(for an Memorial Edu, Just I Quique 2018's race: date&gt;28/07/2017)</small>		