



MEDICAL CERTIFICATE

Of no contraindication in the practice of running in competition

The undersigned doctor

Dr

Address

Postcode City

Country Phone

Certifies to have examined this day Ms/Mrs/Miss

NAME SURNAME

BIRTHDATE /... /.....

And he/she is fully capable of running the trail race "UTLAC250" and have noticed no contraindication in the practice of running competition.

Date of visit: /... /

Doctor signature and stamp (compulsory)

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