

# MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS

PLEASE USE BLOCK LETTERS ONLY

I, Dr. (Name, Surname)

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## HEREBY STATE THAT

Mr. / Mrs / Ms (Name, Surname)

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born (City, Country)

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on (dd/mm/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

and resident at (address, city, country)

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According to the results of medical check-ups and examinations, is currently healthy and fit to participate in competitive running events and in particular **Morenic Trail 2018** (13-14 October 2018) - 119km - 2540 m d+

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Date (dd/mm/yyyy)

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Doctor's signature and stamp \_\_\_\_\_