

RUNNER'S NAME: \_\_\_\_\_

### **MEDICAL CERTIFICATE**

This is to certify that Mr/Ms \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

was examined and results revealed no contraindications for participating in running competitions. The patient may join the 42km TBR GOWELL DREAM MARATHON on February 18, 2018.

Medical Certificate issued by:

Doctor's Name: \_\_\_\_\_

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_

Doctor's License No: \_\_\_\_\_