

**MEDICAL CERTIFICATE  
OF NO CONTRAINDICATION TO THE PRACTICE OF  
SPORT**

I \_\_\_\_\_,  
licensed physician, certify that I have examined

Mr/Ms \_\_\_\_\_  
born on \_\_\_\_\_ in \_\_\_\_\_

and have noted, to date, the absence of any detectable condition  
which would put the person named in this certificate at risk when  
participating in running competitions.

This certificate is to be presented to the person named on this certificate  
for the attention of the person whom it may concern.

On : \_\_\_\_\_ in \_\_\_\_\_

Signature and stamp of the doctor