

MEDICAL CERTIFICATE OF FITNESS FOR **COMPETITIVE** SPORTS

I, Doctor (name, surname).....

With office at (complete address).....

declare myself fully responsible and acknowledge the consequences for falsely declaring that

Mr./Mrs. (name/surname).....

born (city, country).....

on (dd/mm/yyyy)/...../.....

and resident at (complete address).....

is in good health and fit to take part in the ARDECHE MARATHON COMPETITIVE EVENT .

Date

Doctor's signature and stamp

NAME OF PARTICIPANT:

CLUB AND COUNTRY:

WITHOUT THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE START.



