

# **MONACORUN**

Runner's name \_\_\_\_\_ (capital letters)

Runner's e-mail \_\_\_\_\_ (capital letters)

I, the undersigned Dr. \_\_\_\_\_, Doctor of Medicine,

Certify that the examination of Mr/Ms \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Reveals no contraindications for participating in running competitions.

Medical certificate issued in (place): \_\_\_\_\_

Date: \_\_\_\_\_ Doctor's sign: \_\_\_\_\_

Stamp: