

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 Dream Marathon on February 24, 2013.

Medical Certificate issued by:

Doctor's Name: _____

Place: _____

Date: _____

Doctor's Signature: _____

Doctor's Stamp: