

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 SUN LIFE DREAM MARATHON on February 16, 2020.

Medical Certificate issued by:

Doctor's Name: _____

Place: _____

Date: _____

Doctor's Signature: _____

Doctor's License No: _____