
Surname: _____

Name: _____

Date of birth: ____/____/_____



It is compulsory to use this form, no other will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it.

This certificate must be consigned at the Bib number collection in Umag.

Nobody will attend the race without the medical certificate.

MEDICAL CERTIFICATE

I, the undersigned doctor _____

certify that the medical examination of:

Surname: _____

Name: _____

Born on the: ____/____/_____

does not reveal any contraindication to the practice of competitive running.

Date: ____/____/_____

Signature of doctor: _____

Professional stamp/seal