

Athlete's Medical Certificate

(for the participation in races)

Athlete's Name: |
Athlete's surname: |
Father's name: |
ID Card Number: |

With this form, I certify signed that the above athlete, after having undergone the necessary medical examinations and based on the medical history presented to me, is able to train and / or take part in swimming, cycling, running or duathlon - triathlon races.

In any case, the above athlete is fully responsible for his/her health and physical integrity, given the particular requirements and conditions of such a race, and it is recommended not to ignore or neglect any unusual indications he/she will observe or receive before his/her participation in each race.

__ / __ / 20__

The Doctor
(Signature-Stamp)