



Medical certificate
of not contraindication in the practice
of running in competition

The undersigned Doctor,

Dr. _____

Address _____

Postcode _____ City _____

Country _____ Phone + (_____) _____

Certifies to have examined this day Mrs. / Miss / Mr.

NAME _____

First name _____

Birthdate _____ / _____ / _____

And have noticed no contraindication in the practice of running in competition.

Date	Stamp	Signature of the doctor
_____/_____/20____		
<small>(for an Memorial Edu, Just I Quique 2018's race: date>28/07/2018)</small>		

Send to
medic.ultravallsdaneu@gmail.com