

## MEDICAL CERTIFICATE OF FITNESS FOR COMPETITIVE SPORTS

I, Doctor (name, surname).....

With office at (complete address).....

declare myself fully responsible and acknowledge the consequences for falsely declaring that:

\*Mr./Mrs. ( name/surname).....,

born ( city, country).....,

on (dd/mm/yyyy) ...../...../.....

and resident at (complete address).....

.....

is in good health and fit to take part in the ARDECHE MARATHON  
COMPETITIVE EVENT.

Date:

Doctor's signature and stamp:

WITHOUT THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE  
START.