



Athlete Medical Certificate

(for races participation)

Athlete's name: |
Athlete's surname |
Father's name: |
National ID Number: |

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

In any case, the above athlete (s) is fully responsible for his or her health and physical integrity, given the requirements and conditions of such races, and is advised not to ignore or neglect any unusual indications will observe or receive before taking part or during the race.

__ / __ / 20__

The doctor
(Signature-Stamp)

