



# RACING MADAGASCAR



## MEDICAL CERTIFICATE

This certificate is compatible with international legislation

It is advised to use this form.

This medical certificate must be filled, dated and signed by the doctor, who must stamp  
(Or fill with is Doctor's registration number)

I undersign Doctor.....,

**certify that the health status of:**

LASTNAME (In capital letters): .....

First name: .....

Birthdate: ...../...../19.....

**is not showing contraindications to the practice of trail running in a  
several-days competition of 150 kms.**

Done at....., the ...../...../20.....

Doctor Signature:

Doctor Stamp or  
registration number