

## MEDICAL CERTIFICATE

I, Medical Doctor \_\_\_\_\_, hereby  
(Doctor's name, last name and title)

certify that \_\_\_\_\_, ultrarunner,  
(Athlete's name, last name)

is in good health and has no clear or in any way known contraindications to me  
due to which I would not recommend him/her to participate or object to his/her participation in  
the Ultra Triathlon Italy event.

Date \_\_\_\_\_ Signature and Stamp\_\_