

Medical Certificate

This medical certificate has to be filled in, dated and signed by a doctor, who usually stamps it or specifies their professional number.

Participants are required to email scanned copy of this certificate to [intouch@mesastilaresortandspa.com](mailto:intouch@mesastilaresortandspa.com). Your registration will be subject to cancellation if this certificate is not received by the Organizer.

Should you have any queries relating to this please contact the Organizer on [intouch@mesastilaresortandspa.com](mailto:intouch@mesastilaresortandspa.com).

---

I, the undersigned doctor certifies that the medical examination of:

First Name : \_\_\_\_\_ Family Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Does not reveal any contraindication to the practice of competitive running.

Name of Doctor : \_\_\_\_\_ Date: \_\_\_\_\_

Signature : \_\_\_\_\_ Professional Stamp (or professional number): \_\_\_\_\_