

MEDICAL CERTIFICATE

Date: [Insert Date]

To the Race Organizers of: [Insert Name of Marathon/Event]

This is to certify that I, Dr. [Insert Doctor's Name], have examined:

Patient Name: [Insert Participant's Full Name]

Date of Birth: [Insert Date of Birth]

Based on the medical examination performed on [Insert Date of Exam], I certify that this person presents no contraindications to participating in competitive running or high-intensity athletic activities (marathon distance).

This certificate is valid for one year from the date of the examination.

Sincerely,

Signature: _____

Doctor's Name: [Insert Name]

Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Name]

Address: [Insert Address]

Phone Number: [Insert Phone Number]

[Doctor's Official Stamp/Seal]