

**MEDICAL CERTIFICATE OF FITNESS FOR
COMPETITIVE * SPORTS**

PLEASE USE BLOCK LETTERS ONLY

I, Doctor (name, surname) _____

with office at (complete address)

Phone number _____

declare that

Mr./Mrs. (name/ surname) _____

born (city, country) _____

on (dd/mm/yyyy) _____ and resident at (complete address)

is in good health and fit to take part in a **competitive** orienteering race.

This certificate is valid one year from this date.

Date _____ Doctor's signature and stamp _____

NAME OF PARTICIPANT: _____
(please use block letters)

CLUB AND COUNTRY: _____
(please use block letters)

IN THE LACK OF THIS CERTIFICATE THE ATHLETE WILL NOT BE ADMITTED TO THE START.