

**CERTIFICAT MEDICAL TYPE DE  
NON CONTRE-INDICATION A  
LA PRATIQUE DU LA COURSE A PIED**

I, the signing medical doctor : .....  
.....

Certifie that : Mr / Mrs / Miss

Surname – Firstname : .....

Born to : .....

Has undergone a medical examination and does not present any indication against the practise of sport in competitions.

Place : ..... Date : .....

Signature and stamp :