



Surname:	_____
First name:	_____
Nationality:	_____
Date of birth:	___ / ___ / _____

This medical certificate has to be filled in, dated and signed by the doctor, who stamps it and specifies his professional number.

This certificate must be sent to info@alut.pt until 15 September 2019.

Failure to do by this date will lead to the annulment of registration.

Nobody will attend the race without the medical certificate.

Medical certificate
(WRITE IN CAPITAL LETTERS)

I, the undersigned doctor _____

certify that the medical examination of:

Family name First name:

Born on the: ___ / ___ / _____,

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

Date: ___ / ___ / _____

Signature of doctor: _____

Professional stamp/seal and professional number: _____