



## Medical Certificate

**Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

**Passport Number:** \_\_\_\_\_

**Nationality:** \_\_\_\_\_

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The present certificate serves to effect the participation in the ultra endurance test, with a distance of 281km, to be held on 23-26 July 2020, by PT281Ultramarathon.

The valid certificate of validity of 1 year is valid as of the date of the said test.

\*\*\*\*\*

**Doctor's Name**

\_\_\_\_\_

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I certify that the athlete, identified above, does not present any indication against the practice of racing in competition.

**Professional stamp and signature**