



MEDICAL CERTIFICATE (ENGLISH)

I the undersigned, Dr _____, Doctor of Medicine,

Certify that the examination of Mr/Ms _____

Date of birth: _____

Age: _____ reveals no contraindications for participating in Quadrathlon, Triathlon, Swimming, cycling, kayaking, or running competitions.

Medical certificate issued in (place): _____

Date: _____

Doctors sign:

Doctors Stamp:

Marvel Human
(Quadrathlon et Triathlon)



info@marvelhuman.com
marvelhuman.com