



MEDICAL CERTIFICATE

I hereby doctor

Certifies that examination of :

Full Name :

Birth date :

BIB no :

Weight (kg) :

Height (cm) :

Blood Pressure (mmHg) :

Does not reveal any indication againts the participate of running in **SENTUL HILL TRAIL RUN 2018** competition.

Date : _____ **AUGUST 2018**

Doctor's signature

Stamp of Doctor (or profesional number)