



MEDICAL CERTIFICATE

I hereby doctor

Certifies that examination of :

Full Name :

Age :

BIB no :

Weight (kg) :

Height(cm) :

Blood Pressure (mmHg) :

Does not reveal any indication against the participate of running in **SENTUL HILL TRAIL RUN 2019** competition.

Date : 20 - 28 June 2019

Doctor's signature

Stamp of Doctor (or profesional number)