MEDICAL CERTIFICATE

Location……………………………………….

Date …………../……………./………………

I, the undersigned, Dr ...…………………………………………………………………, doctor of medicine,

CERTIFY that

Mr./Mrs./Ms./Miss …………………………………………………………………….., born on …………. (date) of …………………. (month), ………….. (year) is in good health and physically and mentally conditioned to participate in the “STONE BRIXIA MAN “, extreme triathlon competition on JULY 3rd, 2021

☐ 3.8km (Swim) + 180km (Bike) + 42km (Run/Trail)

Certificate Issued in: ……………………………………………………………………………………….

Date: ………………………………………

Doctor’s Stamp & Signature: …………………………………………………………………………..