

ATTACHED A: Medical Certificate for foreign athletes
ANNEXE A: Certificat médical pour les étrangers

SPORT MEDICAL CERTIFICATE
CERTIFICAT MEDICAL SPORTIF

I, the undersigned, Dr.
Je, soussigné Dr.

,Doctor of Sport Medicine
,Docteur en médecine du sport

Certify that the examination of Mr/Ms
Certifie que l'examen de M/Mme

Date of birth:
Date de naissance:

Age:
Age:

ID Card Number:
Date de naissance:

Data di rilascio:
Issue date:

is in good health and physically and mentally conditioned to participate in the "STONE BRIXIA MAN",
Extreme Triathlon competition
est en bonne santé et physiquement et mentalement conditionné pour participer à la compétition Extreme
Triathlon «STONE BRIXIA MAN»

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

Medical Certificate Issued in (place):
Certificat éalbi à (lieu): naissance:

Date:
Date:

Doctor stamp and signature:
Tampon et signature du Médecin:
