



Race : .....

Name : .....

Surname : .....

Date of birth : .....

Country : .....

This medical clearance complies with the French legislation. It must be completed, dated and signed by the doctor with his stamp or his register number (if he is not French.) This attest must be posted in JPEG or PDF format on the website in order to validate the registration.

### Medical clearance

I, the undersigned doctor .....

Certifie that the examination of :

Name : ..... surname : .....

Born on : .....,

does not reveal any contraindication to the practice of competitive running.

Date : .....

Doctor's signature :

Doctor's stamp :