



Surname: _____
First name: _____
Nationality: _____
Date of birth: ____ / ____ / ____
Race: _____
☐ ☐

The certificate is in accordance with Turkish law.

In order to make sure that we treat all the certificates sent from different countries correctly, it is compulsory to use this form, no other will be accepted.

This medical certificate has to be filled in, dated and signed by the doctor doctor, who stamps it and specifies his professional number.

This certificate must be uploaded on the personal registration area.

Failure to do by this date will lead to the annulment of registration without reimbursement.

Nobody will attend the race without the medical certificate.

Medical Certificate 202 ...
Competitive sport activity
(ONLY CAPITAL LETTERS)

I, the undersigned doctor _____ certify
that the medical examination of:

Surname: First name:

Born on the: ____ / ____ / ____, in

Resident in

does not reveal any contraindication to the practice of competitive Athletics sport activity (running).

This certificate will expire on ____ / ____ / ____ .(mandatory) *dd*
/ mm / yyyy

Date: ____ / ____ / ____ *dd*
/ mm / yyyy

Doctor Signature: _____
(mandatory)

Professional stamp/seal and professional number: _____
(mandatory)