



Medical Certificate

This medical certificate has to be filled in, dated and signed by a doctor, who usually stamps it or specifies their professional number.

Participants are required to email scanned copy of this certificate to info@trekka.id. Your registration will be subject to cancellation if this certificate is not received by the Organizer.

Should you have any queries relating to this please contact the Organizer on info@trekka.id

I, the undersigned doctor certifies that the medical examination of:

First Name : _____ Family Name: _____

Date of birth : _____

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

Name of Doctor: _____ Date: _____

Signature : _____ Professional Stamp (or professional number): _____

