



## MEDICAL CERTIFICATE <sup>(1)</sup>

This is to certify that

Mr./Mrs. ....

Date of birth ..... after having gone through the necessary medical check up he/she considered to be capable to take part in the Olympian Race (Anc. Nemea – Olympia 180 kms distance and 28 hours).

City – Country

.....

Date, Signature of the doctor

.....

Athlete's signature

.....

Note: The certificate must be later than the 15<sup>th</sup> of February 2020.

**(1)** It concerns the OLYMPIAN RACE (Anc. Nemea – Olympia)