

Médoc Marathon - health form:

I, Dr. _____

with office in (complete address) _____

and phone number _____

hereby confirm that

Mr / Mrs _____ Date of birth _____

address _____

city _____

country _____

is in good condition and fit to compete in the "Médoc Marathon Marathon"
running competition on 12. Sepetmber 2009

Doctor's signature _____

Date _____

Doctor's stamp: