

**MEDICAL CERTIFICATION FOR RUNNING EVENTS IN THE STREET or**

**Medical Certificate for Competitive sport activity**

It is compulsory to complete every part of this form and obtain the doctor's signature and stamp thereon.

Here I certify that .....  
DNI ....., age ..... is able to participate in the event as a result of his medical evaluation and that he / she does not present any signs of pain or illness which will restrain him for physical activity or sports or prevent him from participating in more than 5 km running.

The present certificate is issued according to the terms of the Law 5397 and it will be presented to whom it may concern.

Comments:

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Name and Surname of the Participant .....

Signature of the participant .....

DNI Number :.....

The Doctor Signature and stamp .....

Name and Surname of the Dr. ....

Date:.....

The original was submitted .....(date)  
.....in..... can practice competitive Athletics sport activity. This certificate is valid for..... and will expire on..... (it must be valid on the date of the event).

The present certificate is issued according to the terms of the Argentine Law Art .5397 and it will be presented to whom it may concern.