MEDICAL CERTIFICATE

I hereby certify that **[Full name]**, identity document / passport **[number]**, has been examined by the undersigned and does not present, at the time of evaluation, any apparent clinical elements that would contraindicate his/her participation in the road race 17ª Maratón de Punta del Este, in the **[X km]** distance.

This certificate is issued at the request of the interested party for submission to the event organizers.

Place and date:

Physician's signature:

Full name:

Professional registration / stamp: