



Enrolment file n°: .....

Surname: .....

First name: .....

Date of birth: .....

Country: .....

The certificate is in accordance with Spanish law. However, in order to make sure that we treat all the certificates sent from all the different countries correctly, it is compulsory to use this form, no other will be accepted. This medical certificate must be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number. This certificate must be returned completed **BEFORE APRIL 30<sup>th</sup> 2021**, by posting a scanned copy in your Runner's File at [aran.reg.livetrail.net](http://aran.reg.livetrail.net) (the organisation does not accept medical certificates by email or post). Your registration will be cancelled if this certificate is not received by the specified date.

**Medical Certificate**

I hereby doctor .....

Certify that the examination of:

Surname: ..... First name: .....

Birth date: .....

Does not reveal any indication against the practice of running in competition.

Date: .....

Doctor's signature

Doctor's stamp (or professional number)