



BY

IDEAN ROUTES

Athlete Medical Certificate

(for race participation)

Athlete's name: _____

Athlete's surname _____

Father's name: _____

National ID Number: _____

With this form, I certify that the athlete above, after having undergone the necessary medical examinations that the Hellenic Republic requires and based on the medical history that has presented to me, is able to train and / or take part in running races or outdoor activities.

In any case, the above athlete (s) is fully responsible for his or her health and physical integrity, given the requirements and conditions of such races, and is advised not to ignore or neglect any unusual indications will observe or receive before taking part or during the race.

___ / ___ / 20___

The doctor
(Signature-Stamp)

