



# Medical Certificate

Of suitability and fitness for the purposes of competitive ultra race

To be filled by you, participant:

Name: \_\_\_\_\_  
(as per MyKad or Passport)

MyKad or Passport No: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ Postcode: \_\_\_\_\_

Country: \_\_\_\_\_

To be filled by your GP / doctor / medical practitioner

I the undersigned, \_\_\_\_\_ doctor of medicine, see no reason  
that the above participant, on examination, cannot take part in the above mentioned event.

Doctor's signature

Doctor's stamps

\_\_\_\_\_  
Date: