CERTIFICAT MEDICAL MEDICAL CERTIFICATE

I, the undersigned Julium Mourkne2 (name of the physician), Doctor of Medicine
Have today examined Mr/Mrs/Miss J. D.(9.E. SD) (name of the patient)
Born on 13/12/1992 (date of birth) in. Soun. J. o.l.e., CR. (place of birth)
And certify that he/she demonstrates a level of fitness that does not prevent the practice of competitive running.

Certificate established on .26/01/2018 in San Jose, Costa Rica

Signature du Médecin : Juhn Mutry

Physician signature