

# **OXFAM**

## **TRAILWALKER**

**100KM | EQUIPES DE 4 | 30H**

### **MEDICAL CERTIFICATE**

I, the undersigned Dr ....., Doctor of Medecine,

certify that the examination of Mr/Ms .....

Date of birth : ..... Age : .....

reveals no contraindications for participating in running/walking competitions.

Medical certificate issued in (place) : ..... Date: .....

Doctor's sign :

Doctor's stamp :

Please email us back your medical certificate : [evenements@oxfamfrance.org](mailto:evenements@oxfamfrance.org)  
with your team name.

