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I, the undersigned Dr \_\_\_\_\_, Doctor of medicine,

hereby declare that the examination of \_\_\_\_\_

ID/Passport # \_\_\_\_\_ Date of birth \_\_\_\_\_, Age \_\_\_\_\_

revealed no contraindications for participating in the 2017 ISRAMAN Garmin long distance triathlon on the 27<sup>th</sup> of January 2017.

Date of examination: \_\_\_\_\_

Doctor signature: \_\_\_\_\_ Doctor Stamp: \_\_\_\_\_