



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 2019 ISRAMAN long distance triathlon on the 25<sup>th</sup> of January 2019.

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

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