



**CHATEAU DE CHANTILLY TRIATHLON, RUN AND SWIM EVENT.  
28TH AND 29th AUGUST 2021. PART OF THE CASTLE SERIES**

To be handed over at registration when you collect your race pack.

**MEDICAL CERTIFICATE**

(to be filled in by a Doctor)

I, the undersigned, Dr .....

hereby certify that I have today examined Mr/ Mrs / Miss

..... and have not found any obvious reason

why they should not take part in a competitive sporting event.

Signed at .....(place)

Date .....

Signature .....

*Both signature and practice stamp are obligatory.*