



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
2024 CHALLENGE ISRAMAN Eilat long distance triathlon on the 1th of
March 2024.

Date of Examination: _____

Doctor signature: _____

Doctor Stamp: _____