



*Following the steps of Pheidippides*  
**SPARTATHLON**  
INTERNATIONAL HISTORIC ULTRA-DISTANCE RACE ATHENS - SPARTA 246 KLM

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*MEDICAL CERTIFICATE*

*The Runner Mr/Mrs \_\_\_\_\_*  
*has been examined by the undersigned and has been found in a good physical condition,*  
*which allows his/her participation in the SPARTATHLON Race (Athens – Sparta, 245-km*  
*36 hours duration).*

*Name of M.D.:* \_\_\_\_\_

*Medical Specializaton:* \_\_\_\_\_

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Doctor Signature and Seal

*CAUTION: It is most imperative that the runner must hand over this document upon*  
*his/her final registration in Greece or send it by email to [info@spartathlon.gr](mailto:info@spartathlon.gr),*  
*otherwise the I.S.A. will not allow the runner to participate in the race.*

*Health certificate requested need to be issued within 3 months before the race.*

*Date of certificate* \_\_\_\_\_