



# Queen MAYA Marathon

## Mother Mayadevi Maternity Route

12 May 2025

### Participant's Detail:

Date Format: DD-MM-YYYY)

Family Name:	
First Name:	
D.O.B:	
Country:	

This is a compulsory form - no modification will be accepted. This medical certificate has to be filled in, dated and signed by the doctor, who usually stamps it or specifies his professional number. This certificate must be prepared and sent **BEFORE 20<sup>TH</sup> APRIL 2025**, by sending a filled or scanned copy at:

[Queen.Maya.Marathon@MotherMayaDevi.com](mailto:Queen.Maya.Marathon@MotherMayaDevi.com)

Your registration will be cancelled if this certificate is not received by the specified date

### MEDICAL CERTIFICATE

I hereby, Doctor \_\_\_\_\_

Certify that the examination of:

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Examination: \_\_\_\_\_

Does not reveal any indication against the practice of running Queen MAYA Marathon on 12<sup>th</sup> May 2025.  
He/ She is healthy and shows No Sign that might bring discomfort for running events.

Doctor's signature	Stamp of the doctor (or professional number)