LSR COLOMBO MARATHON 2026

MEDICAL FITNESS CERTIFICATE

Full Marathon – 42.195 km | Half Marathon – 21.097 km

Medical Certificate is compulsory for Full Marathon and Half Marathon participants, including Veteran Categories.
Medical Certificate must be issued on or after 20 September 2026.

A. RUNNER'S PERSONAL DETAILS (To be completed by the participant)

Runner's Enrolment No.: LSRCM/2026/_____

Full Name: _____

Date of Birth: _____ Age: _____ Gender: ☐ Male ☐ Female

Passport / National ID No.: _____

Country: _____

Race Category (✓):

☐ Full Marathon – 42.195 km	☐ Full Marathon – 42.195 - Veteran
☐ Half Marathon – 21.097 km	☐ Half Marathon – 21.097 - Veteran

Emergency Contact Person: _____

Relationship: _____

Emergency Contact No.: _____

B. MEDICAL INFORMATION (To be completed by the participant)

Previous participation in Marathon / Half Marathon:

☐ None ☐ 1 – 2 ☐ 3 – 5 ☐ More than 5

Do you have, or have you previously been diagnosed with, any of the following?

Medical Condition	Yes	No
Bronchial Asthma		
Hypertension / High Blood Pressure		
Heart Disease / Cardiac Condition		
Diabetes		
Allergy		
Heat Cramps / Heat-related Illness		

Have you had a fever during the past 7 days? ☐ Yes ☐ No

Are you currently taking any medication? ☐ Yes ☐ No

If Yes, please specify:

_____

Have you ever experienced chest pain, fainting, or unexplained shortness of breath during exercise?

☐ Yes ☐ No

Weight: _____ kg Height: _____ feet _____ inches

Any other medical condition or information the doctor should be aware of:

_____

_____

_____

C. MEDICAL PRACTITIONER'S ASSESSMENT (To be completed by the examining medical practitioner)

I have examined the above-named participant and reviewed the medical information provided.

Blood Pressure: _____ Pulse Rate: _____

Relevant findings / remarks:

_____

_____

_____

Based on my examination and professional medical judgment:

☐ **FIT TO PARTICIPATE** ☐ **NOT FIT TO PARTICIPATE**

Name and Signature of Medical Practitioner:

_____

Medical Registration / Licence No.: _____

Date of Examination: _____

Official Stamp / Seal:

D. EVENT MEDICAL – REGISTRATION DAY MEDICAL CLEARANCE (For completion by the Event Medical Officer / Doctor)

Medical Officer's Name: _____

☐ **APPROVED FOR PARTICIPATION**	☐ **NOT APPROVED FOR PARTICIPATION**

Remarks:

_____

_____

_____

Medical Officer's Signature: _____ Official Stamp / Seal:

E. PARTICIPANT'S DECLARATION (To be completed and signed by the participant)

I hereby certify that the information provided by me in this Medical Fitness Certificate is true and complete to the best of my knowledge. I declare my fitness and my willingness to voluntarily undertake all responsibilities associated with my participation in the LSR Colombo Marathon.

I acknowledge that participation in the Full Marathon or Half Marathon involves physical exertion and inherent risks, including the possibility of injury or damage to my person or property.

I agree that the Organizers, Sponsors and their respective representatives shall not be liable for any injury, loss or damage that I may suffer during or in connection with my participation in the Event.

I absolve them from any claim that may arise.

I further undertake to abide by all Terms & Conditions as mentioned governing this Event.

Runner's Signature: _____ Date: _____