



Medical Certificate

I, the undersigned Dr: _____ Phone: _____

Address: _____

Certify that Mr/ Mrs/ Miss _____ Born: _____

his/ her blood type is _____ has undergone a thorough clinical examination with a weight of _____

Kgrs/Lbs, blood pressure of _____, a pulse of _____ per minute, a normal electrocardiogram.
This ECG report at rest must be shown along with this certificate.

DOES NOT INDICATE ANY MEDICAL OBJECTION TO RUN A RACE OF 165 KM IN 4 STAGES

Signed in:

Date:

(Professional Stamp/Seal
or Professional Number)

I, the undersigned, the competitor (name, first name) : _____

Allergie _____

Medical and surgical history (confidential document):

Regular or current medical treatment (name of the drug's active principle: The International Common Denomination), this is very important for medical reasons and in the event of doping control

I declare that the above information is correct.

Signed in:

Date: