



Name :
Surname :

MEDICAL CERTIFICATE

Medical certificate of non-contraindication for the practice of (Ultradistance) trail-running / walking events, as well as stage races in high-mountain conditions.

This walk requires an extreme resistance from the hiker, carrying his body to the limit in terms of cardio, respiration, muscles, articulations, nervous system and use of energy substrates.

Dr. _____, with office in _____, contact telephone _____ and number of associated _____.

CERTIFIES

Having examined today Mr/Ms _____, with ID number _____, born on the day _____ and have not found any medical contraindication and therefore giving it the consideration of COMPETENT for the realization of the walking event(s) mentioned above.

DATE :

SIGNATURE AND STAMP OF DOCTOR OF PHYSYCIAN:

Date of issue of the original medical certificate: (Valid for 12 months from the date of issue) .. / .. /