



Name : .....

Surname : .....

# MEDICAL CERTIFICATE

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

As its name suggests, they are trail running races that require an extreme resistance from the runner, 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 ultradistance trail-running races mentioned above.

DATE :

SIGNATURE AND STAMP OF DOCTOR OF PHYSICIAN:

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