

Medical Certificate
Official and compulsory



I the undersigned, Doctor [Redacted]

Address: [Redacted]

Certify that Mr, Mrs, Miss [Redacted]

Born at: [Redacted], **Does not indicate a medical objection**

for the foot race of endurance (170 km approximately).

Clinical examination

Blood group: [Redacted]

Weight: [Redacted]

Blood pressure: [Redacted]

Pulse: [Redacted] Per minute.

Allergies: [Redacted]

Chronic disease under treatment:
[Redacted]

Medical and surgical case history:
[Redacted]

Regular or current medical treatment:
[Redacted]

This medical certificate + an electrocardiogram at rest must be validated by your doctor under the 30 days preceding the departure of the race. It is obligatory to present these documents during the administrative and technical checks Pre-race.

Place: [Redacted]

Date: [Redacted]

Signature and stamp of the Doctor (Mandatory).