

# COMPULSORY OFFICIAL MEDICAL CERTIFICATE

I, the undersigned, Dr

Address

Certify that: Mr, Mrs, Miss

Born  his/her blood type is

Has undergone a thorough clinical examination with a weight of  Kg/Lbs,  
blood pressure of  , a pulse of  per minute, a normal cardiogram.

This ECG report at rest must be shown along with this certificate.

Does not indicate any medical objection to UltraTrail (about 130 kms) or endurance trek in climatic condition that can be difficult (night, wind, rain, cold, snow) with temperatures that can range from -5 to + 30 degrees.

Over the age of 40, ECG made during exercise is strongly recommended in addition to the ECG at rest.

Signed in

Signed and stamped

Date :

I, the undersigned, the competitor

(name, fist name)

Allergie :

Medical and surgical case history:

Regular or current medical treatment (note the name of the drug's active principle: the International Common Denomination, not the commercial trademark). This is very important for medical reasons and in the event of doping control.

I declare that above information is correct.

Signed in

Competitor's signature

Date: