

MEDICAL CERTIFICATE COMPULSORY

I, the undersigned, Dr _____
Address : _____
Certify that : Mr, Mrs, Miss _____ born _____
whose blood group is _____ has a normal clinical examination results, a weight of _____ Kg,
heart rate of _____ per minute and a normal electrocardiogram.

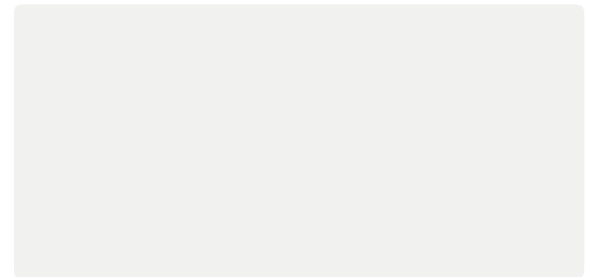
The rest electrocardiogram and its tracing shall be presented with this certificate.

- No medical contraindications to a marathon competition or a long hike (about 250 Km) in a mountain environment, between 1000 and 3500m altitude.

After age 40, an exercise ECG is strongly recommended in addition to the resting ECG, its results can be presented with this medical certificate.

Signed in : _____
On (Date) : _____

Signature and Stamp



The medical certificate + rest electrocardiogram needed to be validated by your doctor within 30 days before the start of the race.

I, the undersigned, the competitor (*name, first name*) _____
Allergy : _____
Medical and surgical history : _____

Regular or ongoing medical treatment(note the name of the active substance: the INN (International Non-proprietary Name) and not the trade name. This is very important medically or in case of anti-doping control.

I certify that the above informations are correct.

Signed in : _____
On (Date) : _____

Competitor's signature

