



MEDICAL CERTIFICATE

Medical certificate of **NO MEDICAL CONTRAINDICATION** for the practice of Ultra-Endurance Mountain Running races.

As the name suggests, these are races that require extreme endurance from the runner, pushing the body to its limits at the cardiac, respiratory, muscular, joint, nervous, and energy substrate utilization levels.

Dr. _____, residing at _____, contact telephone number _____ and medical license number _____,

CERTIFIES:

That on today's date, he/she has examined _____, holder of ID/Passport number _____, born on _____, and has found no medical contraindication, therefore considering him/her **FIT** to participate in the type of races mentioned above.

PHYSICIAN'S SIGNATURE AND STAMP:

____ / ____ / 20____

Date of issue of the certificate.

(valid for 12 months from the date of issue)