



# 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)