

THE MEDICAL CERTIFICATE

I, undersigned, Dr _____

address: _____

certifies that Mrs/Mr _____

born on _____

has a normal clinical examination, and has no medical contraindications to participate in a running competition in a mountain environment, of a distance of :

5 ETAPES MONTAGNES – 130 km - 9500m+

Weight: _____ Size : _____

Resting blood pressure : _____ Heart rate: _____/min.

Medical and surgical history

Usual or current medical treatment

Allergies

Cardiovascular risk factors - to be completed

- Myocardial infarction before the age of 55 in the father or 65 in the mother C.V.A. of a close relative before the age of 45
- History of sudden death (unexplained death) of a close relative before the age of 45
- Smoking
- Diabetes
- High blood pressure
- Hypercholesterolemia
- Obesity (BMI > 30) or overweight (BMI = 25-30)

If an icon is ticked, even more monitoring will be carried out by the TREG medical team.

Mme / Mr _____

- who registered for this 5 stages mountain race has provided a resting electrocardiogram dated less than two years prior to the start of the race which showed no abnormalities.

Done at _____

Docteur _____



Doctor's stamp and signature