

# Medical Certificate of not contraindication for practice on foot Ultradistance race

The undersigned. Dr.....

With chartered number.....

Certify having examined.....

With ID number.....

And declare have not found any contraindication for the participation in a mountain  
ultradistance race on foot.

Date: \_\_\_/\_\_\_/\_\_\_.

Stamp

Doctor Signature

TRAIL  
CAN'T BE  
STOPPED