



the medical certificate

I, the undersigned : Dr _____

Address: _____

certifies that Mrs/Mr _____

born, _____

presents a normal clinical examination and has no medical contraindications for taking part in a 5-stage desert running competition:

The SAHARA ALGERIA TREG® - 5 stages of 35 to 56 km

Weight: _____ Size: _____

Resting blood pressure : _____ Heart rate : _____ / min

Medical and surgical history

Usual or current medical treatment

Allergies



Cardiovascular risk factors (to be completed by the doctor)

- 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
- Previous sudden death (unexplained death) of a close relative before the age of 45
- Smoking
- Diabetes
- Hypertension
- Hypercholesterolemia
- Obese (BMI > 30) or overweight (BMI = 25-30)

If an icon is ticked, the SAHARA ALGERIA TREG medical team will monitor the patient even more closely.

Electrocardiogram

Mrs / Mr _____

- who is under 40 years of age provided a resting electrocardiogram dated less than two years before the start of the race which showed no abnormalities.
- who is over 40 years old has provided a stress test less than three years old prior to the start of the race which showed no abnormalities.

Signed in _____ on _____

Dr : _____

Doctor's stamp and signature :