



THE MEDICAL CERTIFICATE

I, the undersigned, Dr.

(address: _____),

certifies that Mrs/Mr _____,

born on _____,

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

ULTRA ALGERIA TRAIL
182 KM

☐

ALGERIA TRAIL
106 KM

☐

ALGERIA MARATHON
50 KM

☐

RELAIS
182 KM

☐

RELAY
106 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**

- ☐ 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)

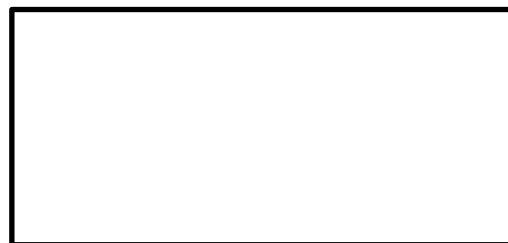
If an icon is ticked, even more monitoring will be carried out by the TREG medical team.

Mme / Mr _____

- ☐ who has entered the 50km race or one of the relays or is under 40 years of age, has provided a resting electrocardiogram dated less than two years prior to the start of the race which showed no abnormalities.
- ☐ who has registered for the 106 or 182 km race and is over 40 years of age, has provided a stress test dated less than three years before the start of the race, which did not show any abnormality.

Done at _____ on _____

Docteur _____



Doctor's stamp and signature