

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 :

ULTRA CABO VERDE TRAIL

120 KM

LONG CABO VERDE TRAIL

80 KM

CABO VERDE TRAIL

40 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.

To be completed only for competitors registered for the 120km event:

Mme / Mr _____

- who registered for the 120 km race and is under 40 years of age, provided a resting electrocardiogram dated less than two years prior to the start of the race which showed no abnormalities.
- who registered for the 120km race and is over 40 years of age, provided a stress test less than three years old prior to the start of the race that showed no abnormalities.

Done at _____

Docteur _____



Doctor's stamp and signature