

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 running competition in a Mediterranean environment, of a distance of :

DALMATIAN ISLAND TRAIL

125 KM - 5 stages



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

- 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.

Done at _____ on _____

Doctor _____



Doctor's stamp and signature