

MEDICAL CERTIFICATE

I, Dr _____

(address : _____),

certifies that Mrs/Mr _____ ,

born on _____,

has a normal clinical examination and has no medical contraindications to taking part in a desert running competition over a distance of :

LE TREG
180KM

☐

LE HALF TREGLE
90KM

☐

TREG MARATHON
54KM

☐

HIKER
___ 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 Stroke in 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)

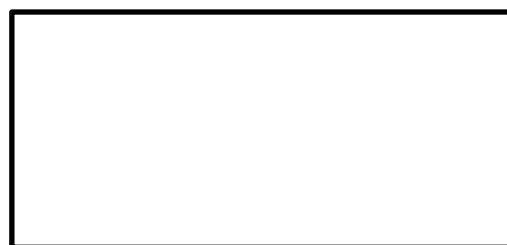
If an icon is ticked, even more extensive monitoring will be carried out by the TREG medical team.

Mrs / Mr _____

- ☐ who has registered for the **54 km** race **or is registered as a walker or is under 40 years of age**, has provided **a resting electrocardiogram** dated less than two years before the start of the race and showing no abnormalities.
- ☐ who has registered for the **90 or 180 km** race **and is over 40 years of age**, has provided **a stress test** less than three years old prior to the start of the race which showed no abnormalities

Done at _____

Doctor _____



Doctor's stamp and signature