

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 :

NON-STOP

**LE TREG
200KM**

**LE HALF TREG
100KM**

**LE TREG MARATHON
50KM**

5 STAGES – 222km

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 in 5 stages race **or is registered as a hiker 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