

Medical report of no contraindication for the practice of ultradistance mountain races

The undersigned, Dr. (MD)..... ,with registration number:

informs that he/she has examined today to

Mr./Mrs.....

with identification number (ID Card):

And that he/she has not found in this person any contraindication for the participation in ultra-distance mountain races.

Date:.....

Signature and stamp

(Documents without a stamp cannot be validated by the race organization).

This report shall be valid from 1 January 2024 to 31 December 2024.

The document must be submitted within the period and according to the procedures established by the organization to complete the registration.